

The Medical Service Corps in a Transforming Army





CHIEF, MEDICAL SERVICE CORPS

February 15, 2004

Dear Medical Service Corps Officers,

It is with great pride that I present this Annual Report on behalf of the men and women of the Medical Service Corps. 2004 has been an exceptional year, marked by the countless personal sacrifices of officers across the Corps. Our Nation is at War and our Army is undergoing the most dynamic transformation in history. Consequently, members of the MSC are facing enormous challenges compounded by hardship and adversity.

Our officers' contributions, however, are not without sacrifice. One such Soldier who paid the ultimate sacrifice was MAJ Rob Soltes. In recognition of MAJ Soltes' honorable and selfless service, the 2004 Medical Service Corps Annual Report is dedicated to him and his gracious family. Please read the touching tribute to him at the beginning of the publication.

Nevertheless, everyday we witness the Courage, Competence and Compassion of our dedicated men and women. These Corps values are the foundation of our success. And as the Corps faces the challenges of today, holding to these values will ensure the success of our officers and our Corps tomorrow.

The Medical Service Corps is a relevant and integral part of our Army with a long and distinguished history. This report highlights the personal sacrifices, dedication, professionalism, and technical competence that our officers exemplified throughout the past year. While we take great pride in the individual accomplishments of our past, we look forward to our collective future – a future which further realizes our Corps vision.

*"A Cohesive Team of Soldier-Leaders,
Integral to the AMEDD Mission,
Relevant to the Transforming Army
Ready to Excel in Continuous Global Operations"*

Sincerely,

A handwritten signature in black ink, reading "Sheila R. Baxter".

Sheila R. Baxter
Brigadier General, U.S. Army
Chief, Medical Service Corps



MAJ Charles Robert Soltes
(1968-2004)

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Message from The Surgeon General



Dear Medical Service Corps Officers,

We are an AMEDD at war and recent operations have clearly demonstrated that the Medical Service Corps is integral to that mission and relevant to the Transforming Army. The diversity of your skills is your strength, and these skills are critical to the health and success of our Soldiers and their families.

This fourth annual report represents both the successes and challenges of your Corps over this past year. As we support the Global War on Terrorism, Medical Service Corps officers around the world will provide unprecedented leadership and service to the AMEDD and our Army.

Your new Vision provides you an excellent guidepost to meet the challenges that lie ahead. I am confident all MSC officers will embrace this Vision and do their part to make it a reality and in so doing will continue to provide outstanding leadership to accomplish our very important AMEDD mission.

In closing, thank you for all you do for our great Nation. Your past contributions have been critical to the success of the AMEDD, and I know you will continue your legacy of professionalism and leadership to transform our Army and ensure our Nation's security in our ultimate victory in the Global War on Terrorism.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kevin C. Kiley'.

*Kevin C. Kiley, MD
Lieutenant General
The Surgeon General*

Tribute to Major Charles Robert Soltes, Jr.

One of the principal purposes of the Medical Service Corps Annual Report is to recognize and pay tribute to the enormous contributions our officers make in supporting the AMEDD and the Army. At the heart of these efforts are the countless sacrifices endured by the proud men and women that make up our Corps. This idealism is particularly poignant during times of conflict when the mission may place our Soldiers in harm's way. With this in mind it is only fitting that we honor one of our own whose life was lost while fulfilling the coveted role of the Soldier-Leader.

Major Charles Robert Soltes, Jr., O.D., was serving as a public health officer with the 426th Civil Affairs Battalion, U.S. Army Reserves, in Mosul, Iraq. His unit had recently deployed from Upland, California with the critical mission of assessing and restoring infrastructure to improve the lives of the ordinary Iraqi citizen. Early correspondence from Rob indicated he was excited and optimistic about being given the opportunity to make a difference in people's lives. It was typical Rob, always the optimist. On October 13th, Major Soltes was in



a convoy returning from a meeting with local Iraqi health officials when a vehicle-borne IED rammed into his humvee and he was killed. Rob was the first optometrist ever killed in action while serving on active duty in the United States military. It is difficult to articulate the magnitude of this tragedy and the profound impact it has had on those who knew him.

Rob was all too familiar with the Army. His dad is a retired Army aviation officer with 30 years of service. It seems only fitting that *Stars and Stripes Forever* played from the parade ground outside the window when he was born at Beech Army Hospital in Fort Wolters, Texas. While growing up in the township of Boonton, NJ many of Robby's childhood friends recalled his love for the military and propensity for helping others. Rob Graduated from Morris Catholic High School in Denville, New Jersey in 1986 and went on to attend Norwich University in Vermont.

So much of who Rob was as a person stems from his experience at Norwich and he certainly

excelled there. During his four years, his activities ranged from class president, to the Corps Honor Committee, Beta Beta Beta, Ring Committee, Mountain Cold Weather, and the Ranger Challenge. What Rob took away from Norwich were the common values shared among all military members. Words such as honor, loyalty, integrity, esprit de corps, and love of country all had special meaning. Within his graduating class of 1990 Rob formed lasting friendships with some of the finest men this country has to offer. Rob's love of the University was evident and until the time of his death he served as President of the Southern California Alumni Club.

In 1994 Rob graduated from the New England College of Optometry in Boston, Massachusetts. During his time there he met his soul mate, Sally, and they were



married at the start of Rob's military career. He accepted a commission in the U.S. Army Medical Service Corps and was assigned to Fort Sam Houston in San Antonio, Texas. Rob was the first graduate of the prestigious Brooke Army Medical Center's Residency Program and obtained advanced training in the diagnosis



MAJ Soltes serving proudly in Iraq

and treatment of ocular disease and acute trauma. Rob's subsequent military assignments included Chief of Optometry with the 168th MED BN in Teague, South Korea, and Director of the Optometry Residency Program at Keller Army Community Hospital, West Point, New York.

During this tenure Major Soltes served as an adjunct faculty member for the University of Houston College of Optometry, State University of New York College of Optometry, and North-eastern State University College of Optometry. Adjunct Faculty members dedicate an enormous amount of time developing the skills of young optometry externs that train at military facilities. This was in keeping with Rob's incredible commitment to furthering advancement in the optometry profession. In 1998 Major Soltes earned a fellowship in the American Academy of Optometry, a national organization dedicated to enhancing excellence in optometric practice.

After leaving active duty in 1999, Rob and his family settled in Irvine, California and he accepted a position as the clinical director at Irvine Vision Institute, a refractive surgery specialty center. Rob



became an optometrist with the U.S. Army Reserves and was assigned to the 7214th Medical Support Unit in Garden Grove. It was no surprise that Rob was as successful in civilian life as he had been with the Army. Rob was a pillar in his community and he immersed himself in helping others. He was an active member in the American Optometric Association, the California Optometric Association, and the Garden Groves Host Lions Club. In January 1994 Rob decided to join the 426th Civil Affairs Battalion because he felt the humanitarian aspects of the mission would provide him more of an opportunity to make a difference.

Rob leaves behind a tremendous legacy for each of us to emulate. He was guided by strong moral principals and always led by example. His sense of patriotism was awe-inspiring and he carried himself in a manner that bestowed credit to all those who wear a uniform in service of this country. Professionally, Rob not only possessed outstanding clinical acumen but he displayed a genuine compassion toward his patients. He was respected to the highest degree among his colleagues within the professional community. As a friend, you could not ask for a more dependable and caring individual. There was never a favor too big, a task too daunting, or a problem too difficult to solve.

Of all the admirable traits that Rob possessed as an Army officer, they pale in comparison to his dedication as a loving husband and father. Aside from his wife Sally Huong Dang, O.D., Rob leaves behind three incred-

ible sons Ryan and Brandan ages 10 and 7, and Robert Harrison Soltes, born on 12 December 2004. Rob is also survived by his father Col. (ret.) Charles R.



Soltes Sr., his mother Nancy, his brother Jeffrey, and his sister Carolyn. There are no words to appropriately describe the profound loss felt by Rob's family, friends, and the military community as a whole. Rob was truly one of the kindest men I have ever had the pleasure of knowing and he will be missed by all.

The MSC would like to thank MAJ Dennis Descarreaux for providing this heartfelt and touching tribute to MAJ Soltes for inclusion in the 2004 MSC Annual Report.

MSC Vision, Priorities and Values



BG Sheila R. Baxter

15th Chief, Medical Service Corps

Medical Service Corps Vision

A Cohesive Team of Soldier-Leaders

Integral to the AMEDD Mission

Relevant to the Transforming Army

Ready to Excel in Continuous Global Operations

MSC Website: <http://medicalservicecorps.amedd.army.mil>

The road ahead will require strategic focus and critical thinking from all levels within the Medical Service Corps. In August 2004, a Strategic Planning Group composed of senior leaders from across the Corps, met to set the azimuth for our future. I charged this team with the responsibility to create a vision statement for the Corps that would serve as a guidepost pointing the way for our great officers - one that will articulate what the organization is and where we intend to go. This group of extremely capable and experienced officers met the challenge by developing a powerful vision for our future. I challenge every officer in the Corps to "catch the vision". It is intended to be more than an image of the future; rather a force that gives meaning to what we do and inspires your continued commitment to the MSC. In an effort to ensure our officers understand the intended meaning of the words selected the group developed an expanded description of each underlined word/phrase. The vision statement can also be found on our MSC Website with the following descriptive slides:

Cohesive Team - The Medical Service Corps is a Cohesive Team of Administrative and Allied Science officers from both Active and Reserve Components. Our diverse backgrounds in both TDA and TOE assignments foster an environment of support, mentorship, and professional

development that produces a unified corps of professionals.

Soldier-Leaders - The Medical Service Corps sets the standard for professionalism, leadership and competence. Our guide-post is The Warrior Ethos. Our Soldier-Leaders are confident, flexible and adaptive – developed to meet any and all challenges no matter how difficult. Always striving for excellence, our officers train and develop the next generation of MSC officers to demand the same competitive, courageous spirit from their successors and the Soldiers they lead.

Integral - The Medical Service Corps is an essential, valued part of the AMEDD mission. Our responsibilities to plan, coordinate, and synchronize the provision of health care, regardless of the conditions or environment, will be critical capabilities Integral to the success of both the AMEDD and our Army in continuous, global operations.

AMEDD Mission - The Medical Service Corps ensures the AMEDD successfully accomplishes its mission "To Conserve Fighting Strength." Our officers make lasting contributions to the AMEDD spanning the full continuum of care (preventive, curative, restorative, medical, dental, mental and physical) to ensure Soldiers, families and all beneficiaries receive the highest quality of care possible.

Relevant - The Medical Service Corps is a Relevant part of the AMEDD and ongoing Army

Transformation. Our innovative, adaptive and inclusive efforts to support the Army and its mission produce officers who are seen as credible, essential members of the Army team focused on achieving commonly understood goals.

Transforming Army - Medical Service Corps officers are a contributing member of the Army's Transformation, fully engaged in the Army Campaign Plan to establish a new culture of adaptive leaders with Joint and Expeditionary mindsets capable of operating in complex and rapidly changing environments. At the same time, the MSC ensures the AMEDD provides superior combat health support to a campaign-quality Army at war.

Ready to Excel - The Medical Service Corps, through superior training, education, challenging assignments and mentorship, develops experienced, leader-developed officers with a commitment to excellence. Leaders who are always Ready to make significant contributions to the AMEDD, the Army, and the Nation.

Continuous Global Operations - Medical Service Corps officers are fully capable of operating in the full spectrum of operations – combat, peacekeeping, humanitarian, nation-building, homeland security – and all environments – Joint, Combined, Coalition, contingency, continuous, TDA, TOE – spanning all time and geography to provide unprecedented leadership and expertise.

Corps Priorities

Another beneficial product of the Strategic Planning Meeting was the development of our Corps' Priorities. These three priorities will foster a culture of innovation and help us all to embody our Vision

Leader Development - This is my number one Priority! Leader Development is comprised of military and civilian education; experience derived through challenging assignments and encouragement through mentoring and empowerment.

Communication - The key component of communication is keeping the Corps informed. We must enhance existing and develop new mechanisms to ensure a timely exchange of relevant information. Another aspect is to market the abilities of our officers outside the Corps to foster integration.

Integration - Maintaining our Corps' relevancy with the planned and deliberate integration of our officers into the AMEDD, Major Commands, Combatant Commands, Army Staff, Joint Staff, Office of the Secretary of Defense, Interagency and in Industry.



COL Terry Carroll (l), Chief of Staff, European Regional Medical Command (ERMC), COL Casey Jones (m), Deputy Commander, ERMC, and BG Volker Schwamborn, Commander of the German Regional Medical Command II talk about the day's events on the Scheutenschur qualification range during the German-American partnership held in Diez, Germany.

Corps Values

There are three core values that I think speak to the character of our corps:

Those core values are...competence, courage, and compassion.

Competence is our trademark and we will continue to have the best qualified officers who can perform at all levels of the AMEDD. Leader development is the key to success in achieving competent officers.

Courage is being bold, confident and not afraid to make tough decisions. Courage is also going readily into the tough assignment or deployment and standing up for what you believe in.

Compassion is treating people with dignity and respect. People are our most precious resources and it is a leader's responsibility to make everyone a part of the team.

It is my desire that each of us embrace our core values and work together to make them an every day part of our culture.

CPT Matthew Moser receiving the German Armed Forces Proficiency Badge, Gold Award.



BG Baxter and OBC students during a visit to Camp Bullis.

MSC Website and AKO Community Pages

The web will continue to be the primary medium to share information with our officers. Consultants will use their AOC pages on AKO and the Corps will continue to use our Web site and AKO pages. Please continue to monitor these sites to stay abreast of the following items being worked through our Senior Leadership/Consultants/Field Leadership Team:

Focus on how we can best mentor and develop agile, flexible and adaptive leaders capable of successfully operating in new and complex environments

Leverage tools and resources to improve communication and reach all officers

Manage the increase in deployments and taskings and the impact on recruitment and retention

Continue leveraging opportunities available to our officers in the transforming Officer Education System

Balance TDA and TOE assignments

Successfully execute Military to Civilian Conversions

Examine the impact of Force Stabilization Policy

Review common themes from Corps Chief Site Visit Surveys, Corps' Day and PPSCPs

Other pertinent issues as they arise



BG Baxter talking with MSCs during a site visit to Fort Bragg.

BG (R) Richard L. Ursone



BG Richard L. Ursone
14th Chief of the Medical Service Corps



BG (R) and Mrs. Ursone,

As you begin your new and exciting journey, we want to thank you for sharing your lives, leadership and friendship with us. Your patriotism and commitment to our MSC, Army and Nation will forever remain an inspiration to all you have touched. We wish you and your family God speed and continued happiness in all you do. Thank you for giving us an exciting tomorrow!

Building Dedications

LTC Karen Wagner, 70F, was killed as a result of the terrorist attack on the Pentagon on September 11, 2001. LTC Wagner was assigned as a Personnel Policy Officer in the Office of the Deputy Chief of Staff for Personnel.



The family of LTC Karen Wagner along with MG Kiley unveil the portrait of LTC Wagner that will hang in the Wagner Sports Center, Walter Reed Army Medical Center. (the center was dedicated in 2003, but missed the deadline for last year's Annual Report)

COL Dick Agee and Mrs. Mattie Wagner, mother of LTC Karen Wagner unveil the plaque on the 32nd Medical Brigade Headquarters, Fort Sam Houston, building dedicated to LTC Wagner in February 2004.



CPT John R. Teal, 70H, was killed in action 23 October 2003 when a roadside bomb detonated while he was returning from providing aid to Iraqi children in Baqubah, Iraq. Teal was the Medical Operations Officer for HHC, 2 BCT, 4ID.



COL William Hogg, 2nd Brigade Combat Team Commander, 4 Infantry Division hosted the dedication of the Teal Medical Facility in July 2004.

Fellow MSCs, I-r, 1LT Rachel May, 1LT Kelly Tatara, CPT Jason Sepanic, 1LT Carter, 1LT Cory.



Purple Heart Recipients



Five Medical Service Corps officers assigned to Headquarters, Department of the Army and Office of The Surgeon General and chosen as the leader (COL Gerber) and members of the Coalition Provisional Authority Health Team, received the Purple Heart for battle wounds sustained in Baghdad, Iraq in support of Operation Iraqi Freedom.

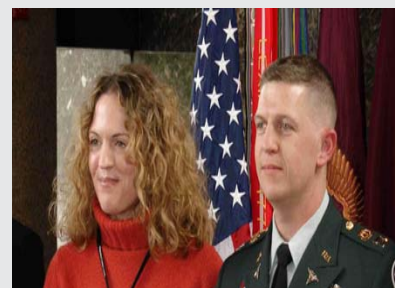
Colonel Frederick Gerber, Colonel Elias Nimmer, Major James Hanlon, Major Michael Smith, and Captain Bryan Walrath were the recipients of the Purple Heart in ceremonies conducted in April 2004.

On 16 August 2003, Gerber and Hanlon planned an operation to Sadr City, Baghdad, to visit the 12 year old son of a Health Ministry facility guard. The young boy had been accidentally shot by US soldiers in a raid; his leg was shattered and nearly amputated. After preparing to depart from the location in a two vehicle, well armed escort convoy, Gerber and Hanlon were shot by a sniper. The 7.62 mm bullet struck Gerber, the vehicle driver, in the left temple and traveled into Hanlon's left arm. Gerber and Hanlon spent one night in the Medical Company, alongside three Iraqi insurgents receiving medical care from their US captors. Gerber recovered from him injuries with an additional operation to remove shrapnel from his skull and is now retired for the second time. Hanlon recovered from his injuries with additional surgery to remove shrapnel and some residual disability to his left arm. He is currently serving as a career manager at Human Resources Command.

On 16 November 2003, during a visit to the Green Zone by the Deputy Secretary of Defense, Paul Wolfowitz,

Iraqi insurgents launched their second Katusha rocket attack on the Al Rasheed hotel housing the CPA staff. In the early morning hours, eight rockets slammed into the north side of the hotel. One rocket went thru Colonel Nimmer's room window and exploded against the facing wall. Rocket fragments showered Nimmer's back with shrapnel while completely destroying his room. Given his significant wounds, Nimmer was later aero-medically evacuated, within less than 24 hours, by C-17 to CONUS and admitted to Walter Reed Army Medical Center. Nimmer has made a tremendous recovery although has some sustained nerve damage. COL Nimmer is currently serving at Headquarters, Department of the Army. During the same attack, another rocket struck Major Smith's room, hitting the concrete wall above his bed, completely destroying the room. By sheer luck, Smith was somewhat protected from the direct blunt of the blast. Thrown by the explosion, Smith was temporarily knocked unconscious, covered in debris. He revived himself amidst thick black clouds of smoke, which caused significant inhalation injuries. Smith recovered from his inhalation injuries with some sustained nerve injuries to his left leg. He was back at work the next duty day and completed an 8-month tour in Iraq. MAJ Smith is currently serving with the Joint Chiefs of Staff as a joint medical planner and is currently preparing to redeploy to Iraq.

In March of 2004, CPT Bryan Walrath was attacked while walking back to his quarters within the Green Zone. In the vicious attack, CPT Walrath fought his attacker in hand to hand combat, holding him off until other personnel arrived at the scene. CPT Walrath suffered numerous stab wounds and lacerations as a result of the attack. He was evacuated out of theater after receiving life-saving medical care at the 31st Combat Support Hospital. He has since returned to duty and serves at the US Army's Health Facilities Planning Agency in Falls Church, Virginia. This is one story of the many MSCs serving bravely and professionally in the Global War on Terrorism, many of whom also received the Purple Heart.



Purple Heart Recipients

CPT Brady Gallagher

On 27 May 2003, approx. 0030hrs, the 3rd Forward Support MEDEVAC Team (FSMT) of the 571st Medical Company (AA) received an urgent MEDEVAC request to evacuate casualties from a traffic control point (TCP) ambush vicinity of Fallujah, Iraq. With thunderstorms and low lunar illumination present in the area, two MEDEVAC aircraft launched from Al Taqqadum Airbase (Just 10 miles west of Fallujah, Iraq) to respond to the wounded troopers of Eagle Troop, 2nd Squadron, 3d Armored Cavalry Regiment. Within minutes both MEDEVAC aircraft arrived on scene to find an unsecure landing zone and a fire fight underway. In the midst of the chaos and firefight that ensued the Bradley Fighting Vehicle destroyed Witchdoctor 631, trail aircraft in the LZ. Without hesitation, the crew of Witchdoctor 152 loaded up the wounded soldiers and flight crew and took off under heavy small arms fire from the hostile LZ. In the aftermath, the crew of Witchdoctor 631 (CPT Brady Gallagher, CW2 Bryan Snyder, SGT Russell Yount, SGT Luis Rodriguez: no wounds received, was at TCP during aircraft loss) received concussions and severe lacerations from the destruction of Witchdoctor 631 and were awarded the Air Medal with Valor and Purple Heart. The crew of Witchdoctor 152 (CW2 Shane Russell, CW2 Stephen Kirby, SSG John O'Donnell, SPC Kenny Miller) are credited with saving the crew of 631 and evacuating SGT's Broomhead and Quinn from E 2/3 ACR. For their actions, they were awarded the Air Medal with Valor device.



COL James Pittman

COL James O. Pittman Jr. received the Purple Heart in August 1969 while serving on what would be the first of three tours of duty in Vietnam. Assigned Long Range Recon and Sniper duties supporting the 4th Infantry Division and 5th Special Forces, COL Pittman's (then Spec 4) detachment was alerted that a large number of enemy forces had been spotted near the Montanyard village of Plei Le Anh. Volunteering to accompany a search and ambush team to confirm enemy movements, Spec 4 Pittman's unit came under Rocket Propelled Grenade and small arms fire from a numerically superior force of the North Vietnamese Army. In the ensuing action, Spec 4 Pittman was seriously wounded in the eyes and knees by shrapnel from a B-40 RPG and subsequently received the Purple Heart for this action. Spec 4 Pittman eventually served seven years as an enlisted Infantryman, separating from the Army in 1976 as a Staff Sergeant. In 1980, he was commissioned as a Medical Service Corps Officer (Social Work Officer) and went on to serve 25 more years in the Army in a myriad of unique positions ranging from Peacekeeping with the 82nd Airborne Division to Senior Staff positions overseas and in the USA. COL Pittman is pending retirement in Colorado Springs, Colorado after 34 years of federal service.

MAJ Robert Mon

1LT Robert Mon, Support Platoon Leader, 46th Forward Support Battalion (FSB), 10th Mountain Division was wounded in action during a mortar attack on 4 August 1993 in Mogadishu, Somalia. Multiple mortar shells impacted in the vicinity of the 46th FSB tactical operations center. The shell which wounded 1LT Mon exploded on top of a courtyard wall and rained shrapnel down through a conference room window. 1LT Mon was treated initially by the Battalion Surgeon, then taken to the 42nd Field Hospital and eventually further evacuated to Landstuhl Regional Medical Center, Germany. MAJ Mon is now a Baylor Resident at Great Plains RMC.

1LT Adam Zubro

While on routine patrol the Soldiers from the 3rd Battalion 502nd Infantry Regiment's Medical Platoon ("Blood" Platoon), were involved in an IED-initiated ambush, which resulted in 4 injuries, the worst being the Medical Platoon Sergeant, who suffered a traumatic amputation of his right leg. The other wounded Soldiers received minimal shrapnel, contusions, and permanent hearing damage. The damage caused that day ran much deeper than anything that could be seen on the outside. While merging from a circle into traffic, the last vehicle in the convoy was hit by an Improvised Explosive Device (IED), which rocked the vehicle onto two wheels. There were three Soldiers (SPC Dines, SPC Cutcher and SPC Kramer) and one Iraqi Interpreter in the back of the truck. Up front, was 1LT Zubro (driver, pictured below) and the Medical Platoon Sergeant, SFC Rodriguez, who suffered a traumatic right leg amputation when the vehicle exploded. Before the vehicle stopped, the convoy instantly started receiving enemy fire. While some maneuvered to lay down suppressive fire others began emergency medical treatment on their wounded comrade by immediately placing a tourniquet on his leg, and administering oxygen. The Soldiers from the 3rd Battalion 502nd Infantry Regiment, Medical Platoon, acted with valor under fire, during an intense ambush, which directly resulted in the successful treatment and evacuation of a critically wounded casualty and the saving of his life.



General MacArthur Leadership Award Recipients



CPT James Craig



1LT Christine DeCapite



CPT Craig Strong

Three Medical Service Corps officers were among 25 company-grade officers honored with the General Douglas MacArthur Leadership Award during a Pentagon ceremony on May 26. The award showcases officers who show the ability to motivate others, understand their fellow Soldiers and inspire teamwork and commitment in others.

Among the recipients were 1LT Christine M. DeCapite, assistant adjutant for the Army Reserve's 256th Combat Support Hospital; CPT Craig Strong, commander of the 313th Medical Company (Ground Ambulance) and deputy state surgeon for the Nebraska Army National Guard; and CPT J. Eric Craig, who was nominated while commander of Echo Company of the Academy Battalion at the AMEDD Center and School. Craig now is a student in the Army/Baylor/UTSA program for a Master's degree in health-care administration and business administration.

The award is named for the commander of U.S. forces in the Pacific theater of World War II and of U.N. forces in the

Korean War. Focusing on Army values and the warrior ethos, Army Chief of Staff GEN Peter J. Schoomaker presented each recipient with a 15-pound bust of MacArthur. (See photos on right)

"It was a very inspiring event, the program was very special. The most impressive aspect was being surrounded by a group of outstanding young officers," said Strong. "My wife, Kimberly and our two boys, Tyler and Matthew, were able to attend the ceremony, as well as our parents and my grandmother. It was a tremendous honor to be able to share that day with my family," said Craig. The group toured the Pentagon and the Army Operations Center. They had lunch with Schoomaker and with SMA Kenneth O. Preston.

"It was the first time I had been in the Pentagon, and the first time my mother had been to Washington. That was a treat for her," said DeCapite.

"The honor came with a price – we were charged to sustain our dedication and live up to the ideals of duty, honor and country," Strong commented.

DeCapite says some of her leadership skills are acquired in her civilian job as a tiger trainer for an amusement park. "Working with animals takes a lot of patience. It doesn't always go how you want it to go," she said.

"Leaders need to be well-rounded, with a variety of skills," she added.

"Leaders must demonstrate the Army Values through their daily actions," Craig commented. "Soldiers need to see the application of the Army Values in every decision in order for our Army to remain great. Our technology is incredible, but our Soldiers make the difference. We need to realize that and take time to recognize our people who make the difference."

"Leaders must inspire those they lead, and live by Army ideals. I always advise lieutenants to learn from their NCOs," said Strong.

"I would encourage commanders to nominate young officers for this program. It leaves a lasting impression," Strong concluded.

(Story and photos provided by the Mercury)



AMSUS Award Recipients

The Association of Military Surgeons of the United States (AMSUS) was organized in 1891 and chartered by Congress in 1903 to advance the knowledge of healthcare within the federal agencies and to increase the effectiveness of its members. The AMSUS constituency is comprised of professionals across all of the healthcare disciplines in the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Public Health Service, Department of Veterans Affairs, U.S. Army Reserve, U.S. Navy Reserve, U.S. Air Force Reserve, Army National Guard, Air National Guard, and the Coast Guard.

In November 2004, two Medical Service Corps officers were recognized by AMSUS for outstanding achievements in their profession:

Andrew Craigie Award



COL John D. Grabenstein

COL Grabenstein received the *Andrew Craigie Award* for his advocacy of pharmacy's contribution to disease prevention and health promotion through immunization. The award recognizes outstanding accomplishments in the advancement of professional pharmacy within the Federal Government.

The Paul F. Truran Jr. Medical Materiel and Logistics Management Award



COL Ralph H. Sees

Colonel Ralph Sees was selected to receive the *Paul F. Truran Jr. Medical Materiel and Logistics Award* for his outstanding service as Director of the Joint Medical Logistics Functional Development Center. The award recognizes significant contributions to medical materiel managers and medical logisticians.

The deadline for this year's nominations and essay submissions is 30 June 2005. Nominations and essay submissions must be postmarked with a United States Postal Service postmark by 30 June to be considered for that year's awards program. Nominations hand delivered by 30 June are also eligible. (Nominations received that have a postmark dated after the deadline will be returned.) Be sure to include a return address.

Send all nominations and essay submissions to: AMSUS Awards, 9320 Old Georgetown Road, Bethesda, Maryland 20814.

Additional details may be found at the reference website below:

Reference Website: <http://www.amsus.org>

Award of the "A" Proficiency Designator

The "A" Proficiency Designator recognizes our MSC officers who are considered eminently qualified in their specialty. They are leaders in their speciality and have made significant contributions to the advancement of knowledge in a particular field through publications and active national professional organization membership.



COL William Boisvert
71E Clinical Laboratory



COL Kenneth Crook
70H Health Care Operations



COL Clarence Vesely
67F Optometry

COL Richard Smalley
71A Microbiology
(Photo Not Available)



LTC Donald Archibald
72E - Environmental Engineering



LTC Spencer Campbell
73A - Social Work



LTC Edward Clayson
71A Microbiology



LTC David Heath
71A - Microbiology



LTC Terry Lantz
67F - Optometry



LTC Francisco Rentas
71E - Clinical Laboratory



LTC Helen Viscount
71A - Microbiology

The Office of the Chief, Medical Service Corps posts official instructions on the "A" Proficiency Designator process and board schedule on the MSC Website. Assistant Corps Chiefs, consultants and commanders may nominate individuals for this prestigious award.

Reference Website: http://medicalservicecorps.amedd.army.mil/msc_programs/9a/2004_9a.htm

Order of Military Medical Merit



The Order of Military Medical Merit (O2M3) is a unique, private organization founded by the Commanding General of U.S. Army Health Services Command in April

1982 to recognize excellence and promote fellowship and esprit de corps among Army Medical Department (AMEDD) personnel. Membership in the Order denotes distinguished service, which is recognized by the senior leadership of the AMEDD. Members are given a certificate and a handsome medallion that signifies to all they meet that they are members of the Order. You will see members proudly display their medallions at formal AMEDD social functions. Membership in the Order recognizes those individuals who have clearly demonstrated the highest standards of integrity and moral character, displayed

an outstanding degree of professional competence, served in the AMEDD with selflessness, and made sustained contributions to the betterment of Army Medicine. These individuals are generally considered to be in the top 10% of their Corps and field. Any Active Duty, Reserve Component, civilian or retired member of the Army Medical Department who, through dedicated application of talent, effort, and spirit has made significant contributions having an impact on the whole of the AMEDD, shall be eligible for induction into the Order. An individual, whose status is other than the aforementioned association with the AMEDD and who otherwise meets the above criteria, shall be eligible for induction as an honorary member.

Any member in good standing may nominate individuals for consideration by the Advisory Council, the governing body of the Order. The final approval authority of the Council's selections is the President of the Order. When making a nomination, ensure that the justification outlines the nominee's specific accomplishments during his/

her career with the AMEDD to emphasize the individual's worthiness for induction into the Order. The nomination should be addressed to the President of the Order and forwarded, along with the supporting documentation, to the Administration of the Order. The Advisory Council meets monthly to consider nomination. Each AMEDD Corps has a representative on the Council.

Since the Order's inception over 4600 individuals have been granted membership into the Order. Approximately 330 are enlisted. Prior to 1990 enlisted personnel were only eligible for honorary membership therefore they could not nominate others for membership into the Order. After 1990, enlisted personnel were given full membership and can now nominate other deserving Soldiers. Additional information on the nomination process can be found on the MSC Website at: http://medicalserviccorps.amedd.army.mil/msc_programs/o2m3.htm

Congratulations to the following Medical Service Corps officers who have been awarded the O2M3 during calendar year 2004.

BG Carole-Ann Briscoe
COL Clyde Byrne
COL Debra Cook
COL David Gans
COL Kevin Garrouette
COL Deborah Kelly-Hoehn
COL Lynne Lakomia
COL Scholze Milton
COL Terry Washam
COL Karl Friedl
CW3 James Lynes
CW3 John Petersen
CW3 James Young
CW4 Donald Bowling
LTC Jeffrey Allan
LTC Michael Amaral
LTC Donald Archibald
LTC Scott Avery
LTC Jose Baez
LTC Mark Barnes
LTC DaCosta Barrow
LTC Thomas Berry
LTC Steven Bolint

LTC Marilyn Brew
LTC Michael Buckellew
LTC Kyle Campbell
LTC James Cartwright
LTC Russell Coleman
LTC Paul Duray
LTC Ricardo Glenn
LTC William Grimes
LTC Max Grogl
LTC Anne Guevara
LTC Carl Hover
LTC Joshua Kimball
LTC Ronald Leavitt
LTC Gregory McKee
LTC Talford Mindigall
LTC Richard Mitchell
LTC William Monacci
LTC Monica O'Guinn
LTC John Orendorff
LTC David Petray
LTC Karolyn Rice
LTC John Rogers
LTC Eric Sheetz

LTC Barbara Stansfield
LTC Andrew Storey
LTC Michael Swalko
LTC Stephen Turner
LTC Julian Velasquez
LTC Carol Zieres
MAJ Kevin Belanger
MAJ John Casey
MAJ Susan Curry
MAJ William Goforth
MAJ Timothy Holt
MAJ Lori Howes
MAJ Priscilla Jackert
MAJ Anthony Lopiccolo
MAJ Gordon Mayes
MAJ Katherine Moore
MAJ Robert Pell
MAJ Christopher Priest
MAJ Mary Roou
MAJ Shon-Neil Severns
MAJ Jessie Tucker

U.S. Army Recruiting Command

The AMEDD Recruiting Battalions continue to enhance the future of the Medical Service Corps. In a period that is unprecedented, an all volunteer Army during a time of conflict, the recruiting for our Corps witnessed exceptional success for the Active Duty component by meeting or exceeding all missioned AOCs. The end-state for the Active Component was 143%. For the first time in memory, AOCs like 72E were achieved and done so with an OML to activate for FY05. Although

respectable, the Army Reserve mission was not as successful as the Active Component, an end-state of 87%. There were four AOCs that recruiting fell short: Clinical Psychology, Audiology, Podiatry, and Entomology. However, Entomology has been added to the Critical Wartime Shortage list and is now offered incentives and Health Service Directorate (HSD), USAREC is working on a strategic plan that specifically addresses the areas where shortfalls were experienced.

Medical Service Corps can arguably state that this is one Corps that was a success in FY04 regarding health care recruiting. This could not have happened without the hard work and focused dedication of the Officers, NCOs, and civilian work force that ensure that quality individuals are accessed into our Corps each year. We honor their actions for a performance unmatched in FY04.

FY04 Medical Service Corps Accessions for Active Duty

	Mission	Achieved	% Achieved
Direct Accessions	73	113	155%
70B Health Services Administration	0	3	300%
71A Microbiologist	3	5	167%
71B Biochemist	8	9	113%
71E Clinical Lab Officer	6	7	117%
71F Research Psychologist	2	2	100%
72A Nuclear Medical Science Officer	5	6	120%
72B Entomologist	4	4	100%
72C Audiologist	2	4	200%
72D Environmental Science Officer	6	15	250%
72E Sanitary Engineer	4	5	125%
73A Social Worker	9	16	178%
73B Clinical Psychologist	5	12	240%
67E Pharmacist	18	18	100%
67F Optometry	0	6	600%
67G Podiatrist	1	1	100%
HPSP 67F	11	12	109%
HPSP 73B	12	12	100%
Total HPSP MSC	23	24	104%
Totals Recruitment Requirements	96	137	143%

FY04 Medical Service Corps Accessions for Reserve Components

	Mission	Achieved	% Achieved
70B Health Services Administration	40	40	100%
71A Microbiologist	3	2	67%
71B Biochemist	2	2	100%
71E Clinical Lab Officer	9	8	89%
72A Nuclear Medical Science Officer	2	3	150%
72B Entomologist	5	1	20%
72C Audiologist	3	1	33%
72D Environmental Science Officer	8	8	100%
72E Sanitary Engineer	6	6	100%
73A Social Worker	10	10	100%
73B Clinical Psychologist	6	1	17%
67E Pharmacist	12	12	100%
67F Optometry	5	6	120%
67G Podiatrist	5	1	20%
Totals	116	101	87%

Career Management



COL Robert Thompson

*Chief, Medical Service Corps Branch,
Human Resources Command*

One of the many highlights of 2004 was the dedication of the National World War II Memorial on the Mall in Washington, DC. Six decades ago, American Soldiers, joined by their allies, altered the course of history, saving Europe, the Pacific, and possibly the world from fascism and tyranny. As with most events of great value, our success came at tremendous cost. During that conflict, 407,000 American Service men and women were killed and another 672,000 were wounded. It is appropriate that the depth of their sacrifice and the magnitude of their accomplishment earned the Americans of this era the well-deserved title of the "Greatest Generation."

Like our fore fathers of World War II, we again find ourselves embroiled in another world war with stakes just as high – the Global War on Terrorism (GWOT). As with World War II, the Army is on the leading edge of the fight, and defeat is not an option. To win the Second World War, Soldiers had to be ready, tough, and determined. Similarly, Soldiers now must live the Warrior Ethos and the Army must have a personnel system that fully and effectively supports them and their families.

Soldiers are the centerpiece of the Army. At Human Resources Command (HRC) it is our duty and privilege to serve the officers of the Medical Service Corps (MSC). This year our main effort is to support

GWOT and our secondary effort is to support Army Transformation. There are many personnel issues resulting from GWOT and Army Transformation and in the following paragraphs I will highlight several of the more significant issues confronting MSC Officers within the framework of our Corps priorities of leader development, communication, and integration.

Leader Development

Mentoring

The MSC is focusing on mentorship as a key factor in leader development. Mentoring is a developmental relationship between two people (mentor and protégé) that is mutually maintained for professional, social, and/or other benefit. Using this definition, every MSC Officer should consider their Career Manager a mentor. Our Career Managers are outstanding leaders and totally committed to the career development of each of the officers they manage. The depth of the mentoring relationship with your Career Manager is limited because of the high volume of communications and issues that our Career Managers confront on a daily basis. Therefore I challenge every officer to locally mentor officers and enlisted Soldiers on their installations. Mentoring assists our officers and enlisted Soldiers in making better decisions, instilling greater confidence, taking initiative, and developing enhanced military skills.

MSC Branch recently commissioned an HRC survey to facilitate the identification of initiatives to better serve the career development needs of our officers. The HRC survey was designed to complement the two mentoring surveys that were previously conducted in 2003 and 2004. Next year we will be able to report on the results and initiatives emanating from the HRC survey.

Officer Education System (OES)

OES is the foundation for lifelong learning and is a key enabler for unit and individual readiness. OES develops competent, disciplined,

confident, and adaptive leaders able to succeed in situations of great uncertainty. Our OES is undergoing unprecedented change at practically every level.

The Army Basic Officer Leadership Course (BOLC) will be replacing the Officer Basic Course (OBC) in summer 2005. Several pilot courses have already been conducted. The MSC goal is to acquire enough seats to send every MSC Officer to Army BOLC. However, if there are not enough seats allocated to the MSC, then our seat allocation policy will be to send those officers most likely to be assigned to a MTOE unit (i.e. 70B and 72D/E). The AMEDD BOLC will consist of four phases. Phase I will be for Direct Accession Officers and will be approximately 2 weeks in length. Phase II will be for officers that do not get to participate in Army BOLC and will be approximately five weeks in length. Phase III is approximately five weeks long, provides the AMEDD common core instruction, and is for all MSC Officers. Phase IV is one to five weeks long and provides AOC specific training.

The Captains Career Course (CCC) replaces the Officer Advanced Course (OAC) starting in the summer 2005. CCC will consist of two phases. Phase I will be a web based training module consisting of common core and functional staff courses. Phase II will remain a nine week resident course with condensed common core and expanded AMEDD corps specific or AOC specific tracks.

The Combined Arms Service Support School (CAS3) was removed from OES this year. CAS3 was the first Army School that extensively used the small group instruction concept. After approximately 20 years as a key leader development course, CAS3 was eliminated and absorbed into CCC and ILE.

The Intermediate Level Education (ILE) is replacing the Command and General Staff College (CGSC) course in 2005. Several pilot ILE classes were conducted over the past two years. ILE develops all field grade officers with warrior ethos and warfighting focus for leadership

positions in the Army, joint, multinational, and interagency organizations executing full spectrum operations. ILE consists of two phases – a twelve week common core and an optional Branch/Functional Area phase. The common core curriculum begins with a strategic “Stage Setter” that visually conveys the spectrum of threats, challenges, and opportunities that leaders face in the contemporary operating environment. For officers with the Operations Functional Area, phase II will be the Advanced Operations Warfighting Course (AOWC). The ILE/AOWC will be a one year program at Fort Leavenworth. Only MC Officers and MSC Officers with AOC 67J, 70H, 70K, and 72D will be eligible to participate in the one year ILE/AOWC Leavenworth experience. The goal of the MSC is for all officers not attending ILE/AOWC to attend the ILE resident phase I course at Fort Belvoir, Fort Lee, Fort Gordon, or the Naval Postgraduate School in Monterrey, CA. There will be an ILE correspondence phase I course for officers not able to attend the resident course. The AMEDD ILE phase II course is still under discussion. The Chief of Staff of the Army, GEN Schoomaker, recently published a Professional Reading List that is a way for leaders at all levels to increase their understanding of our Army’s history, the global strategic context, and the enduring lessons of war. The books complement materials used in the Army educational system and will help bridge the intervals between formal studies at Army schools.

Officer Evaluation Report (OER) Enhancement

As a profession, our Army continues to examine the way we develop our Soldiers. For the first time since the advent of our current OER system in 1997, changes to the system were implemented in October 2004. OERs for officers in the ranks of CPT, 1LT, 2LT, CW2, and WO1 with ending dates 1 October 2004 and later will not include a Senior Rater “Box Check” in part VIIb. The enhanced OER system is intended to ensure our evaluation reports are tools for

rating officials to coach, teach, and mentor our junior officers. At the start of their careers, officers will be able to focus on mission accomplishment rather than their standing among peers. They will understand unequivocally that the Army does not have, or tolerate, a “zero defects” mentality, but rather is interested in developing warriors with a joint, expeditionary mindset and the mental agility to thrive at all levels in modern war.

Communications

HRC Web Site

There continues to be a plethora of useful information on our HRC [web](#) site. Information categories include vacant positions, AOC career paths, and DA Secretariat Board announcements and selection results.

Telephone Calls/Emails

For specific career development needs, our officers are encouraged to directly address our Career Managers through telephone calls and emails. The tremendous volume of phone and email traffic into the MSC Branch is one of the more challenging tasks confronted by our Career Managers. Therefore, we ask that you exercise judgment and patience when contacting your Career Manager, use our administrative technicians for routine issues such as ORB updates that cannot be rectified locally, and follow-up when your needs are not being met in a timely and comprehensive manner.

Quarterly Newsletter

The MSC Branch publishes a quarterly newsletter to assist in keeping you informed of the major personnel issues and events. The quarterly newsletter is posted to our [web](#) site and is also pushed out to the field through AKO email.

Team Trips

The best form of communications is direct one-on-one exchanges. Therefore, there is a concerted effort to visit our officers at their work locations as often as possible. In 2004 our Career Managers visited numerous sites, to include Fort Stewart, Fort Campbell, Fort Hood, Fort Bragg, Fort Rucker, Fort Carson, Fort Leavenworth, Fort Lewis, Fort

Bliss, Fort Sam Houston, West Point, Korea, and Germany. Additionally, our Career Managers attended many conferences, to include AMSUS, AUSA, ACHE, HIMMS, Pharmacy, Optometry, Force Health Protection, Laboratory Science, Logistics, and Personnel Conferences.

Integration

Functional Area 90 (FA 90)

The MSC leadership supports our participation in the multifunctional logistics career development track. The FA 90 designator identifies officers who have met the requirements of a multifunctional logistician and consists of officers from the Aviation, Ordnance, Quartermaster, Transportation, and MSC branches. This designation allows our officers to compete for battalion and brigade command opportunities in the multifunctional tactical support battalions/brigades and material management centers. In 2004, HRC conducted the inaugural FA90 Certification Panel to ensure that only those field grade officers that complete FA90 branch qualification IAW DA PAM 600-3 retain the FA90 designator. As an example, officers must complete at least 12 months as a field grade officer in a multifunctional battalion as the XO, S3, SPO, etc., to meet the FA90 certification and qualify to compete for CSL multifunctional battalion and brigade command. This year the panel reviewed all MAJ(P) officers from promotion year group 88 currently holding the FA90 designator. Only 8 out of 14 MAJ(P) MSC Officers with the FA90 designator met the requirements to maintain the designator and be subsequently considered for CSL multifunctional command opportunities. In future years the panel will review the officers selected for promotion to LTC during that year for validation of their FA90 designator.

Modularity

The Army is at war. Since Operation Desert Storm in 1991 it has been committed to a series of operations that have intensified since the terrorist attack on the United States in 2001. Our post Cold-War

organizations were not as flexible and responsive as the new operational environment requires. Therefore the greatest growth occurred in the 67D, 67J, 70B, 70H, 70K, and 72D AOCs. Our current effort to reset divisions with additional MSC officers is evidence of modularity and integration in action for our Corps. Army is reorganizing into units of employment (UEs) X and Y, and units of action (UAs)/brigade combat teams (BCTs) to meet the challenges of the 21st century operational environment. The UA/BCTs are stand-alone combined arms organizations. During 2004 the 3rd Infantry Division, 101st Air Assault Division, and the 10th Mountain Division reset their brigades to the new BCT structure. MSC Officers are being integrated into these new BCTs at an increased level of representation. For the three divisions that reset in 2004, there was an increase of approximately 180 MSC authorizations. The greatest growth occurred in the 67D, 67J, 70B, 70H, 70K, and 72D AOCs. Our current effort to reset divisions with additional MSC officers is evidence of modularity and integration in action for our Corps.

Conclusion

Your Career Managers and I walk the hallways of HRC with our heads held high, not because of what we have individually accomplished, but with pride in the tremendous collective accomplishments of the MS Officers we represent. The sacrifices you make on a daily basis to meet your Army's needs are many. For most, extended periods away from home and loved ones combined with the pace, duration and hazards of multiple deployments make your choice to serve as a Soldier both a challenging and admirable proposition. Rest assured that your Career Managers and I stand ready to serve you, the AMEDD, and the Army. We will strive to provide you with opportunities for leader development; exposure to assignments where you will gain valuable skills and experiences; and stability to balance careers with families. In so doing we pledge to prepare each of you to best contribute to GWOT, Army transformation, and ultimately preserving our American way of life. Within this framework we Soldiers of today will win America's GWOT and be proudly named America's next "Greatest Generation."

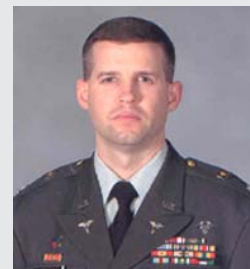
Human Resources Command - MSC Branch Career Managers



LTC Joseph Pisciotta
Branch Deputy Chief
70A and 70F LT-LTC



LTC Scott Drennon
67J and 70D LT-LTC



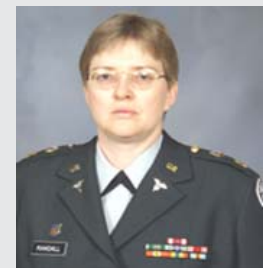
LTC John Spain
All 71A, 71B, 71E, 71F,
67E, 67F, and 67G



MAJ Michael Elliott
70C, 70K, 70K9I, LT-LTC
and 670A



MAJ Jim Hanlon
70E, 70H and FA90
LT-LTC



MAJ Patricia Randall
Education and Training
LT-LTC



MAJ Paul Sander
70Bs - YGs 03, 01,
99, 97



MAJ Portia Sorrells
70Bs - YGs 04, 02,
00, 98



MAJ Aaron Silver
All 72A, 72B, 72C, 72D,
72E, 73A, and 73B

Mentoring in the MSC

This past year we conducted a second mentoring survey to further assess the quality of mentoring in our Corps. The mentoring survey instrument was developed by LTC Rob Goodman, MAJ Lee Bewley, MAJ R. Chris Moore, and MAJ Sharon Benson. The survey was reviewed by other members of the SLT/Consultants/FLT to ensure this survey was a satisfactory product.

Purpose

The purpose was to provide study and analysis for the senior leaders of the Medical Service Corps that will facilitate enhanced leader development programs and opportunities within our Corps, the Army Medical Department, and the United States Army. The survey was placed on the MSC Website and officers were asked to participate regardless of grade, gender, ethnicity, AOC, current assignment or component. The need to more deeply study mentoring was predicated on the results of our initial mentoring survey as well as informal comments provided by our officers during VTCs with the Chief, visits with officers at home station and Post Professional Short Courses, MSC Day at Officer Advanced and Basic Courses. The second survey, just as the first, served as a tool to ensure all who desired could participate and share their unfiltered perspective on mentoring in the MSC. The first survey provided the initial empirical data which served as a baseline for the second survey in which we were able to get a deeper understanding of the positive aspects on which to build and the areas where we have opportunities to improve. The intent of both surveys was to bring greater awareness to the subject of mentoring. We are now working on metrics to meet the goals we have set as a result of the findings described below.

Findings

The results indicate that mentoring is viewed as an integral and valuable element of career progression and professional development. However, there are some challenges related to perceived roles and access to senior officers that hinder the development of mentoring relationships within the

2004 Total Respondents 2,787

Active Duty (AD)	1,868
USAR TPU/TDA	609
ARNG	216
IMA & Other	94

MSC. The highest rated mentor attributes are that the mentor acts as a role model; demonstrates trust; provides career guidance; helps develop your skills and competencies for future assignments and has an open door policy. The three attributes that mattered the least are that the mentor is of the same gender, ethnicity or religion. Unlike last year, over 94% of officers agreed with the provided definition of mentorship. A complete analysis of the survey results is available on the MSC website (http://medicalservicecorps.amedd.army.mil/leader_development/mentoring_survey_2004.ppt)

Conclusion

Although it is acceptable and appropriate for either the junior or senior officer to initiate the mentoring relationship, all officers should be open to and approachable for the relationship to begin. Our commitment for the coming year is to continue to explore "mentoring" in the MSC and to develop the metrics that will advance our officers in their professional and personal development.

The Way Ahead

The following will be considerations for focusing future mentoring efforts:

- Senior officers are less likely to seek mentoring; however, senior officers that have a mentor are much more likely to provide mentoring.
- Senior officers in select AOCs hold key operational positions of influence, but consider mentoring to be relatively unimportant to leader development.
- Mentoring and Career Orientation

(those making the military a career) are positively associated, but absence of mentoring and Tour Orientation could be result of individual officer selection because they aren't planning to remain in the Army.

- The overwhelming majority of 70Bs and Company Grade Officers highly value mentoring as a component of leader development.
- Low density AOCs (i.e., 70D, 70E, 73A, 73B, 67E) want mentoring, but are not finding it available; is this related to "one-deep in specialty" assignments?
- Continue to educate the Junior Officers that they also have a responsibility in initiating and maintaining a good mentoring relationship.
- Consider leveraging information technology assets such as the MSC website, Outlook, the Army G1 Mentoring Resource Website, etc. to link potential mentors with remotely assigned officers.
- Mentoring is a relationship – it cannot be mandated. Focus on increasing awareness, education, and interest levels across the Corps.



Above - LT Smith talking with the "Band of Brothers" in Korea.
Below - Officers of the Heidelberg Silver Caduceus Society discuss their mentoring experiences following a speed mentoring session.



Award of Excellence

Since 1982, the Chief, Medical Service Corps has presented the Award of Excellence to a junior officer in each of five categories. The winners of the 2003 Chief, Medical Service Corps' Awards of Excellence are:

HEALTH SERVICES CATEGORY



CPT Beverly Scott

During CPT Scott's tenure as Team Commander, San Antonio Health Care recruiting Team, she led her team to achieve the 5th Recruiting Brigade's award for Top Overall Health Care Recruiting Team three years running, and the Top Regular Army Health Care Recruiting Team. Her dedication to duty and tenacity to achieve were instrumental in accomplishing the FY2003 mission as her team also overproduced in three of the Regular Army AMEDD Corps.

HEALTH SCIENCES CATEGORY



CPT Jose CapoAonte

CPT Jose Capo-Aponte serves as the Chief, Optometry Service, Keller Army Community Hospital, West Point, NY. In addition to his clinical duties CPT CapoAonte serves the director of the Family Practice Optometry Residency Program with responsibility of post-doctoral education, training and mentorship of the West Point Optometry Resident. He serves as an Adjunct Associate Professor of Optometry for the State University of New York and the Pennsylvania School of Optometry.

WARRANT OFFICER CATEGORY



CW2 Robert Linne

CW2 Robert Linne serves as the Health Services Maintenance Technician for the 115th Field Hospital. He developed a training presentation to educate clinical staff on how to identify defective oxygen regulators in the hospital. This presentation was shared with other DEPMEDS hospitals and had a positive impact on the safety of the patients and staff. He also implemented a Military Proficiency Training Program with Bayne-Jones Community Hospital to assist the TO&E medical maintenance technicians in maintaining their critical technical skills.

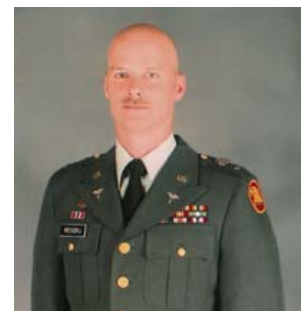
ARMY RESERVE CATEGORY



CPT Greg Hanley

CPT Gregory Hanley serves as the Medical Operations Officer and previously served as the Chief of Personnel for the 325th Field Hospital in Independence, MO. As Chief of Personnel he implemented a tracking system that reduced delinquent personnel evaluations by 50%. He also assisted in the formulation of a Junior Officer Council and has been singled out as a Superior Performer at the Battalion and Brigade levels.

NATIONAL GUARD CATEGORY



CPT David Messerli

CPT David Messerli currently serves as the Battalion Medical Operations Officer in HSC, 109th Area Support Medical Battalion, Iowa National Guard. He adeptly took action to prepare his unit for mobilization and deployment. Upon deployment to the theater of operations he coordinated his unit's support at six different locations, including conducting recons to all sites and tracking all reporting requirements.

Reference Website: http://medicalservicecorps.amedd.army.mil/msc_programs/aoe_jow.htm

Junior Officer Week



Junior Officer Week participants in front of a map of the Chancellorsville Battlefield at the Visitors Center

The Award of Excellence and Junior Officer Week programs provide personal recognition to outstanding junior Medical Service Corps officers who have made significant contributions to the Army Medical Department mission and performed in an exceptionally outstanding manner. One hundred twenty officers competed for the 2003 Award of Excellence and the opportunity to participate in Junior Officer Week. Twenty company-grade officers from around the world, representing a broad variety of MSC specialties, from active and reserve components were selected and attended the 19th Annual Junior Officer Week held in the National Capitol Region, 24-29 April 2004.

In addition to recognizing some of our outstanding young officers, Junior Officer Week also establishes a forum in which the officers may meet and discuss issues with the senior leadership of the Medical Service Corps. During the week, participants met with a senior officer from their Area of Concentration (AOC) or Multifunctional Area (MFA), the Chief, Medical Service Corps, and had the opportunity to meet and talk with their

Career Managers. The officers also participated in several small group sessions designed to discuss career concerns and their experiences and interactions with Human Resources Command. This information is valuable in assisting the MSC senior leadership understand the issues that confront our junior officers. Further the information is instrumental in developing new tools to provide timely and relevant information to our MSC officers.

The Staff Ride

During the week, JOW participants as well as other local-area MSCs attended a Staff Ride at the Chancellorsville National Battlefield in Fredericksburg, Virginia. Mr. Ted Ballard from the Center for Military History and Dr. Jonathon Hood from the Army Medical Department History office provided historical expertise on the strategic, tactical and medical aspects of the

Battle of Chancellorsville. The historians described the personalities of the leaders and the circumstances of the time, which greatly influenced the outcome of the battle. The staff ride reinforces lessons learned from a historical context but also illustrates that, with the passage of time and the advent of technology, our mission, doctrine, and challenges remain. This is particularly true of communication and leaders' clarity of intent.

Junior Officer Week Participants

CPT Bryant, Alan - 70K
 CPT Capo-Aponte, Jose * - 67F
 CPT Cooper, Anthony- 70B
 CPT Craig, James - 70A
 2LT Daughtry, Patricia - 70B
 CPT DeFord, Michelle - 71F
 CPT Harris, Tina - 73A
 CPT Hasch, Spencer- 67J
 CPT Herman, William - 72B
 CPT Kinney, Dubray - 70H
 CW2 Linne, Robert * - 670A
 CPT Mathre, Jason - 70K
 1LT McInerney, Alyson - 70B
 CPT Messerli, David * - 70B
 CPT Reyes, Ricardo - 72A
 CPT Scott, Beverly * - 70F
 CPT Speer, Steven - 70H
 CPT Svarc, Sean - 70B
 1LT Vermillion, Chad - 70B
 1LT Vial, Scott - 72D

* denotes AOE Winner



The Award of Excellence Luncheon

Another highlight of Junior Officer Week was, as always, the Award of Excellence Luncheon held in honor of this year's Award of Excellence recipients and fifteen Junior Officer Week attendees. The Chief, Medical Service Corps, Brigadier General Richard L. Ursone, presented the Award of Excellence to the following officers in each of five categories: Health Services – CPT Beverly Scott; Health Sciences – CPT Jose Caponte; Health Services Maintenance Technician – CW2 Robert Linne; and Army National Guard – CPT David Messerli. Our U.S. Army Reserve winner, CPT Gregory Hanley, was deployed and unable to attend.



Top - the officers had time to share their thoughts with BG Ursone following the luncheon.

Middle - CPT Bernita Hightower is providing the standard promotion board briefing prior to allowing them the opportunity to "sit" a mock promotion board.

Bottom - The gentleman and bus driver extraordinaire, Mr. Willie McKenzie. He expertly navigated us around the National Capital Region all week.



This year's AOE Luncheon was particularly special as BG Ursone addressed the luncheon in one of his final events as C, MSC. The focus of his message was the sacrifices we're asked to make each day and the importance of remembering and honoring those who serve. He also talked about mentoring, the importance of doing the best job we can each day and to "work hard at work worth doing". BG Ursone presented each AOE recipient with an MSC Medallion, MSC Certificate of Appreciation, and the Chief's personal coin. The twenty officers selected to attend Junior Officer Week were presented with an MSC Certificate of Appreciation and the Chief's coin.

The weeks' activities also included a variety of professional development activities including a tour of the memorials and Arlington Cemetery, the Pentagon, and participation in a Mock Promotion board at the DA Secretariat, U.S. Army Human Resources Command. The attendees received typical promotion board instructions given by CPT Bernita Hightower, then assigned as a Board Recorder for the DA Secretariat, and then reviewed and voted on records as members sitting on a promotion board.

This extremely enlightening experience demonstrated the



BG Richard L. Ursone the 14th Chief, Medical Service Corps (2000-2004) addresses the audience during the AOE Luncheon.

objectivity of the process and the challenges board members face as they evaluate officers' records. As such, the officers came away with an increased understanding of the importance of a complete personnel file and an appreciation for the board process.

Selection and Eligibility Requirements

The Chief, Medical Service Corps convenes a board of senior MSC officers to select the Award of Excellence recipients. Junior Officer Week participants are selected based on the Order of Merit List. An officer must be nominated for the AOE in order to be selected for JOW. Eligible officers are 2LT-CPT (not previously considered for MAJ) and WO1-CW2 (not previously considered for CW3). The Award of Excellence message is posted each June on the MSC Website.

Carmack Medal

The Carmack Medal was established in 1958 by Colonel (Ret.) Joseph Carmack to honor Medical Service Corps officers graduating with the highest class standing from the Medical Services Officer Advance Course. The award, a bronze coin, is minted at the Philadelphia Mint. The Commandant of the Academy of Health Sciences selects and awards the medal. In 1997, the officer advanced course was converted to small group instruction and the award was not presented for several years. In 2002, Mr. Joseph Carmack, Jr. reinitiated presentation of the award. The award is now presented to the Medical Service Corps officer graduating with the highest class standing from all the Medical Service Corps officers graduating from the Army Medical Department Officer Basic Courses for the calendar year. **This year's** Carmack Medal recipient is 2LT Myra Rairdon. 2LT Rairdon, a 72D, Environmental Science Officer, is currently serving as a Project Officer in the Environmental Health Engineering Division at the U.S. Army Center for Health Promotion and Preventive Medicine - Pacific, Camp Zama, Japan.

Reserve Components



COL Robert Tabaroni
Assistant Corps Chief for
Reserve Components

2004 has been another extraordinary and impressive year for our Medical Service (MS) Corps. The contributions that you have made and continue to make are incredible and well recognized. The continuous increasing reliance on the United States Army Reserve and National Guard in the Global War on Terrorism will continue. Your individual and collective ability to balance family, civilian and military responsibilities reflects on your professionalism and dedication. Around the globe your presence was required and you have responded to our Nation's call. In May of 2004 BG Sheila Baxter was sworn in as our Corps Chief. BG Baxter fully recognizes and appreciates the significant role you have in our Corps. As you know the Medical Service Corps is comprised of officers on active duty, in the Army Reserve and the National Guard. MS officers in the Army Reserve and National Guard comprise approximately sixty percent of the total Corps strength. Increased Reserve Components (RC) presence on the MS Senior Leader Team, Field Leadership Team and selection boards are just a few examples of BG Baxter's recognition of our contributions to the total Medical Service Corps. Additionally, in September of 2004 BG Baxter convened a strategic planning group to develop the Medical Service Corps Vision. I had the privilege of being part of this group and can report to you that during each stage of the development of the vision statement

the RC were a major consideration. The opening words "A Cohesive Team" means "Active and Reserve Components". All RC MS officers continue to receive the Corps Chief notes and announcements. A significant objective was realized this past year as we selected a group of MS officers to serve as RC Consultants to the Chief, MS Corps, in specific Areas of Concentration (AOC). The structure was built to mirror the active component consultants who they will serve with. These officers were selected based on their knowledge and experience in their particular AOC and are considered subject matter experts in their field. They are a resource for you in mentoring, career development and life cycle management. All RC Consultants are listed on the Medical Service Corps web page and maybe contacted via e-mail. I encourage each of you to make contact with your AOC Consultant. We are still seeking senior officer volunteers in the AOCs of 70C, 70K, 70K9I, 71F, 67G and 67J to serve as consultants. The Chief, Medical Service Corps Award of Excellence (AOE) and Junior Officer Week (JOW) continue to provide recognition of our outstanding junior officers. A MS junior officer from both the Army Reserve and National Guard is recognized with the AOE and in FY 2003 we received more applications than ever before. Unfortunately for FY 2004 submissions were 50% less. Those selected for participation in JOW will experience meetings with the senior leadership in Washington in addition to staff rides and tours that will enhance their understanding of history and provide a better understanding of the functionality at the Department of the Army level. I challenge you to increase the number of nominations even more this year. I am sure you have all heard the terms, The Army Campaign Plan, Transformation and Modularity. The Army is undergoing unparalleled complex changes while fighting the Global War on Terrorism. Keeping informed and up to date on all these changes is a challenge even for those of us who work it daily. These

changes will affect how we, the Army, is organized, how we look and how we do business in the future. The officer education system is undergoing significant revision. These initiatives will impact the Active Army and Reserve Components. Each Soldier is required to have an Army Knowledge On-line (AKO) account. AKO, HRC-St Louis (2X The Citizen) and the Medical Service Corps Web Page should be kept as three of your favorites and I encourage you to check them frequently. Subscribe to the knowledge centers and take the time to read the articles. This is your best source of professional development and current initiatives. Take the time to visit the HRC-St. Louis web site and keep your record current. LTG Helmly, Chief of Army Reserve has said many times that it is not a question of "If, but when" you will be called to active duty. In the next year we have many more goals and objectives to accomplish that include enhancement of web sites and recognition of retirement of RC MS officers with 30 or more years of MS service. Additionally we are exploring the potential for increased professional development opportunities and to make easier and more streamlined the ability to transition between reserve and active affiliation. We encourage your input so that I may ably serve you. I am your representative to the Chief, Medical Service Corps. Your input can only make our Corps better. I always remember that we are an all volunteer force and that each of you has volunteered to serve. I am proud and humbled to serve as your representative and I thank you for your support.



MAJ Bruce Flint examining an
Afghani patient.

Reserve Component Consultants

An initiative began several months ago to identify senior Medical Service Corps officers to serve as RC consultants. This consultant group is aligned by Area Of Concentration (AOC) with the active component consultants and will advise on RC matters related to the consultant's specialty. The RC MS Consultants will work closely with their active component counterparts to ensure unity of purpose. They will also serve as a resource to the RC Soldiers in matters of career development and mentoring and may receive additional guidance regarding their responsibilities by the Chief, Medical Service Corps.

Congratulations to the following MS officers who have been appointed by the Chief, Medical Service Corps as RC consultants:

70A COL Timothy Sughrue
tsughrue@rcrh.org

70D COL Jay Lane
jay.lane@us.army.mil

70E COL Mary Ancker
mary.anker@cen.amedd.army.mil

70F COL Donna Carman
donna.carman@us.army.mil

70H COL James Brosnan
james.brosnan@us.army.mil

67J LTC (P) David Greenwood
david.greenwood@or.ngb.army.mil

71A LTC Frank Niagro
frank.niagro@us.army.mil

71B COL Joseph Saady
joseph.saady@us.army.mil

71E LTC Bonnie Parkman
bparkman@cms.hhs.gov

72A COL Richard Graham
tv_g_tox@att.net

72B LTC Jonathan Haliscak
jonathan.haliscak@us.army.mil

72C MAJ David Foster
wesley.foster@med.va.gov

72D/E COL David Bradshaw
david.bradshaw@us.army.mil

73A COL Terry Washam
terry.washam@us.army.mil

73B COL Marshall Goby
marshall.goby@us.army.mil

67E COL Richard Lakes
richard.lakes@otsg.amedd.army.mil
(IMA)

67F LTC Jeffrey Weaver
jeffrey.l.weaver1@us.army.mil (IMA)

I can be reached at:
robert.tabaroni@us.army.mil or
robert.tabaroni@otsg.amedd.army.mil



CPT Dave Messerli and family at the Award of Excellence Luncheon.



COL Joe Maranto examining a young patient at an orphanage in Kosovo.



1LT Patricia Daughtry presenting a MSC coin to thank AMEDD Historian, Mr. Sanders.

Assistant Corps Chief for Health Services



COL Margaret Rivera
*Assistant Corps Chief
for Health Services*

It is an honor and my distinct pleasure to serve the officers within the Pharmacy, Supply, and Administration Areas of Concentration. It is a humbling experience to try to fill the shoes left by COL Jim Greenwood. I would like to thank him for his service over the past 30 years as a Medical Service Corps Officer and especially for his service as the Assistant Corps Chief during the last 4 years. We will miss your leadership and mentorship and wish you every measure of success in your future endeavors.

The officers in Medical Functional Area (MFA) 70 continue to make enormous contributions to the Global War on Terrorism. The dedication to our Soldiers and commitment to service is evident in the number of deployments and personal hardships that our officers are willing to endure for their country. While many serve in 15 countries around the world, others are busy at home facing the challenges of preparing for deployments and redeployments, dealing with homeland security and disaster management, implementing the Next Generation of TRICARE Contracts, and working Army Medical Department (AMEDD) Transformation to name just a few. No matter where they serve or what they are doing, Medical Service Corps Officers in general and MFA 70 officers in particular are making significant and lasting contributions to our Army everyday.

In addition to the superb work done by officers on the Office of The Surgeon General and Medical Command staffs, each Regional Medical Command has been meeting and conquering the challenges of deploying and redeploying units from theatre; often finding themselves doing both at the same time while simultaneously providing and coordinating quality care for all beneficiaries. Homeland defense and disaster management have levied new requirements and challenges on our Corps as well. Our officers are meeting and overcoming those challenges day in and day out through collaborative exercises and discussions at all levels and with a variety of Federal, State, and local players. The ability of our officers to implement the changes associated with the Next Generation of TRICARE contracts, some clearly stated and others implied, with finesse and flexibility is yet another testament to the quality and determination of our officers.

Thanks to the shoulder to shoulder efforts of retired MSC officers like Colonel (Ret) Glenn Taplin with the staff at the AMEDD Center and School, we recently presented a new structure and delineated new relationships for medical support to the Joint and Army warfighters. This new structure further defines and develops the modular support concept for our expeditionary and campaign quality Army. The changes will not only affect TOE medical units, but will enhance the responsibilities of the Regional Medical Commands.

The newly published MSC Vision clearly sets the goal for the Corps and touches on the strengths that each of you demonstrate in your daily duties—leadership, relevance, and excellence. I cannot help but feel that I am standing in the shadow of giants when in the company of the officers in this MFA. I hope I can serve you and the Corps in the manner you so richly deserve.

70A - Healthcare Administration

70A - Healthcare Administration



COL David Rubenstein, FACHE
Consultant

This past year was filled with tremendous success stories from our 70A community. The Army could not be more proud of a group of professionals than it is of the Soldiers that execute the day-to-day business of the 70A Healthcare Administrator. Soldiers are the centerpiece of our Army and the work that our 70As do supports Soldiers and their families in the most direct and meaningful ways possible. It is an honor to be able to take this opportunity to thank each of you, the Army's 70As, collectively and individually for what you do on a daily basis to take care of Soldiers. Today our 70As are in senior positions throughout the Army and Department of Defense. 70As are in command at literally every level of our Army Medical Department (AMEDD), from brigade through company, with each of them achieving great successes. Our 70As are also serving at Chiefs of Staff of deployed medical commands, Executive Officers of deployed combat support hospitals, and commanders and senior leaders of all manner of medical units on battlefields and exercise locations around the world. In CONUS, Europe, Hawaii, and Korea our 70As serve as Hospital Commanders and Deputy Commanders, Regional Medical Command Chiefs of Staff, and senior leaders in all three TRICARE regions. Our 70A's demonstrated excellence has been recognized this year at a variety of promotion and command boards. For example: one of the three MSCs selected for attendance at the Army War College is a 70A, all nine eligible primary zone 70A majors considered for promotion to lieutenant colonel this year were selected for

promotion and four 70As were selected for promotion to Colonel. All of these facts support and demonstrate the excellence and vibrancy of our 70A career field. I am convinced that this excellence is due to the outstanding leader development that our Corps provides to our officers. I am also convinced that mentoring, which I define as "leaders developing leaders," is critical to our continued success.

Each of us must make it a point to reach out to our subordinates, peers, and seniors to mentor and to be mentored. Truly take the time to get to know your Soldiers in the 70A and 70B career fields. Identify those that are looking for an AOC with great potential for a successful and rewarding military and post-military career. As you talk with these Soldiers, and I mean truly talk with them, they will see the distinct advantage in serving in such a great career field with such great fellow Soldiers.

There are three elements that, taken together, develop a Soldier into a 70A Healthcare Administrator. We become, excel, and advance as 70As by pursuing and gaining education, experience, and affiliation in our profession.

Education starts with completion of an appropriate graduate degree program. The US Army-Baylor University Graduate Program in Healthcare Administration (MHA) is the preferred route to earning a masters degree in healthcare administration. In fact, the 70A area of concentration (AOC) no longer uses a 70A civilian MHA start, as it's a needless redundancy. The program is fully accredited with one of the longest periods of accreditation of any MHA program in the Nation. Additionally, the program is nationally ranked by US News and World Report as being one of the top 20 Healthcare Administration programs in the United States. The program excels because of its depth in excellent faculty and quality students. The military and civilian faculty has a national reputation for scholarship, research, and contributing to the

literature of our profession. The students are award winning, mature, and dedicated.

The lifeblood of Baylor is the annual infusion of new students. Some years we get an ample number of applications and some years we don't. Information on the program is available online at

www.cs.amedd.army.mil/baylorhca.

Each 70A should take a personal responsibility for recruiting one junior officer to apply for a 70A seat in the Baylor Program.

I realize not all 70As come through the Baylor Program. Many Soldiers choose to attend civilian programs completed during non-duty hours. There are many excellent programs that lead to a graduate degree in an area that helps develop a 70A, but I do have one caution. Soldiers in these programs, in order to maximize their education dollar and education experience, should ensure the program, not just the college or university, but the program, is accredited. The only organization that accredits health administration programs is the Commission on Accreditation of Health Management Education (CAHME) formerly known as the Accrediting Commission on Education for Health Services Administration (ACEHSA). Attending an CAHME accredited program, not just an accredited school but an accredited program, ensures to the student and to the Medical Service Corps that the officer has received an education that meets the standards and expectations of our Corps and our AOC. Coaches and mentors: thank you in advance for ensuring that your junior officers understand the difference between CAHME accredited programs and accredited schools and universities. For your use, I have included the CAHME link: www.cahmeweb.org/programs.htm

Experience is the application of education to the real world of healthcare. A full, rich career is the result of many varied experiences. Our system provides healthcare in both garrison and field settings, in both line and staff positions, in both the continental United States and

overseas. To get better at what we do, and to be most productive as we become senior 70As, mandates that our career be a montage of these various opportunities.

Take note, however. As we coach and mentor those around us we must always start with the question:

"Where do you want to be and what do you want to have accomplished when you finish your Army career?"

The answer or answers will go far in helping you to coach your fellow Soldiers to the right type of assignments and experiences.

Affiliation with a professional society is critical to professional development and growth for a variety of reasons. Good professional societies advance continuing education, sponsor career advancement, support or run publication houses, and develop rules and norms, all of which we, as healthcare executives, need in order to ensure we maintain and improve our executive skills. Our providers, our support personnel, and our beneficiaries expect us to know and apply the most advanced knowledge in healthcare administration. Affiliating with a professional society allows us to meet that expectation. Affiliation also allows us to become board certified as a healthcare executive. What a sense of confidence it gives our board certified physicians and all of our healthcare team to know that their own healthcare executive is recognized by his or her professional society as proficient and competent in the skills, knowledge, and attributes of our profession. Recently over 21 national executive search firms signed an agreement with the American College of Healthcare Executives, one of several professional societies supporting healthcare administrators, certifying that the Certified Healthcare Executive (CHE) and Fellow of the American College of Healthcare Executives (FACHE) credentials are the gold standard for healthcare executives and gives a hiring edge to that person.

What's it all Mean? The result of being developed through education, experience, and affiliation is a

Soldier-administrator capable of excelling in the most complex and demanding positions available. One such example is that of LTC Steve Smith, the Executive Officer of the 31st Combat Support Hospital deployed to Iraq. LTC Smith is a 70A Baylor graduate with a variety of hospital and non-hospital healthcare assignments. In the following words, LTC Smith describes how his development as a 70A has helped him with his present duties. "I guess the best way I can describe this assignment is a culmination of every assignment I have had from platoon leader to Clinic Commander. I think that the most relevant was when I was the Administrator of the Department of Surgery at Brook Army Medical Center. Because this is a surgical mission, the experience I gained in understanding surgeons and surgical systems had allowed me to focus on the important issues early on in the deployment. My experience as a 70A, I think, has had direct impact on this organization. I have many 70A peers with my variety of experience, and that variety has been critical. My responsibilities in managing the day-to-day operations of this complex organization have at times been overwhelming. I have been able to draw upon prior experiences and become the 'go to' guy for day-to-day decisions impacting the operations of the facility. One of the rewarding things has been that this has not been limited to the administrative staff; my day is equally filled with physicians and nurses looking for decisions on the operations of this organization." To LTC Smith and those 70As deployed in harm's way: thanks and Hooah!

70A Community Page. I want to thank MAJ Mark Swofford for his yeoman's work maintaining the 70A webpage on AKO this past year. MAJ Dennis Walker and LTC Rolly Castro have now stepped forward to assume these duties, and I appreciate their initiative, time, and efforts very much. Please take a look at the page at www.us.army.mil and let us know what you'd like to see added to it. We can include

professional links, best practices, templates from your organizations for others to use, and the like. First, log onto your AKO account then, looking at the left-side margin, work your way through the Special Staffs to the Medical page to the MSC page, and then subscribe to the 70A page.

Army Healthcare Executive Symposium. This year's 70A professional short course will be held at the end of the annual American College of Healthcare Executives Congress on Healthcare Management. The symposium will run from 0900-1530 on Thursday, 17 March 2005. The registration fee for the course is fully refundable as long as it's on your orders. For additional information contact MAJ(P) Sharon Pacchiana at sharon.pacchiana@tros.osd.mil. Additionally, MSC Career Managers will be available during the week to conduct individual interviews, present the Branch update briefing, and entertain open dialogue in a group setting.

Closing Thoughts. Part of our MSC vision states we are "ready to excel in continuous global operations." As such, we must ensure that we maintain our physical and mental well-being through appropriate work-rest cycles and keep the best level of balance that we can in order to maintain our effectiveness. I know that each of you is doing great things, and I thank you for all you do every day.



MAJ Charles Unruh, 18th MEDCOM SGS riding in the Camp Casey Triathlon.

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70B - Health Services Administration Assistant

70B - Health Services Administration Assistant



COL J. M. Harmon, III
Consultant

With a population of over 1,100 officers, the Health Services Administration (70B) area of concentration (AOC) represents the largest, most diverse group of junior officers in the Medical Service Corps (MSC). Throughout 2004, 70Bs accomplished great things for the MSC, the Army, and the Nation. 70Bs led Soldiers in combat in support of the Global War on Terrorism – saving lives and preserving the fighting strength for the combatant commanders. They helped rebuild the medical health care systems of Iraq, Afghanistan, and other countries around the world. 70Bs led transformation initiatives, worked as part of a joint and combined team, served in healthcare facilities and within staffs of the institutional Army, and continuously made personal sacrifices to ensure mission success. This cohort of talented and professional young leaders stepped up and met the many challenges that faced them in 2004.

Leader Development



From l - r 1LT Adam Zubro, CPT Adam Keller and 1LT Bruce Brown, Health Services Administrators in the 101st Air Assault Division.

The 70Bs of today are the future leaders of the Army Medical Department (AMEDD). GEN Peter Schoomaker, the Chief of Staff of the Army, has as one of his key focus areas “The Bench – The Army must build a bench of leaders who think strategically and innovatively at all levels of war.” The 1,130 Lieutenants and Captains of the 70B AOC represent the “Bench” of the Medical Service Corps. These officers are experienced, poised and determined to succeed.

The Medical Service Corps is doing everything possible to harness the energy, enthusiasm and experiences of the 70B Soldier-leaders returning from the Global War on Terrorism. To that end, there are several changes taking effect with regard to the Leader Development System. Specifically, the Corps is focused on improving the assignments process, the Officer Education System, and mentorship. These changes are necessary in order for our Corps to institutionalize the organizational, cultural, and operational changes occurring in the force today.



2LT Wilson, Medical Supply OIC for the 86th CSH.

Assignments

70B initial tours of duty will continue to be in operational assignments in order to fill critical authorizations and to provide the officer with a development opportunity as a small unit leader. These initial assignments cover a wide range of unit types to include infantry and armor battalion medical platoons, brigade and division support medical companies, and corps-level support units. During 2004, priority of assignments was to

operational units preparing for deployment to Operation Enduring Freedom and Operation Iraqi Freedom and to units undergoing transformation. This priority will continue as the Army’s operational tempo and transformation persist.

Officer Education System (OES)

The AMEDD Officer Basic Course (OBC) and Captains Career Course (CCC) (formerly the Officer Advanced Course) are the core courses for the professional education of the 70B officer. In order to develop agile, adaptive leaders who can operate in complex, rapidly changing environments, the Army and the AMEDD are undergoing OES transformation. The Army is piloting the Basic Officer Leaders Course (BOLC) where newly commissioned officers train and learn in a common core OBC. Due to resource limitations, the AMEDD is limited to only 15 seats for the 2005 pilot course at Fort Benning, GA. The AMEDD is requesting that the Army allocate slots for all 70Bs being sent to operational assignments. AMEDD officers who do not attend Army BOLC will attend AMEDD BOLC and the AMEDD Warrior Leader Course (AWLC) at Fort Sam Houston, TX. The AWLC will be similar to the Army BOLC except for those skill sets that clearly do not apply to AMEDD officers.

Another OES change that affects the 70B community is the elimination of the Combined Arms Services Staff School (CAS3). The skills and training that used to be taught in CAS3 are now combined with the



1LT Weightman, Med Platoon Leader, (c) 1/18 INF, 11D waiting to receive his Combat Medical Badge.

Officer Advanced Course and is now called the AMEDD Captain's Career Course (CCC).

Mentorship



1LT Smith having a drink with the "Band of Brothers" in Korea.

The 2004 Mentoring Survey was a great success in that it highlighted some important perceptions and trends regarding mentoring in the MSC. Of note, an overwhelming majority of 70Bs highly valued mentoring as a component of their leader development. However, several 70Bs report that they do not currently have a mentor. The study further revealed that senior MSC officers share this positive view of mentoring and would like to be more involved with junior officers. These senior officers would like to reach out

to the younger officers, however, they feel that in order for the relationship to be meaningful, it must be mutually initiated and maintained. The lesson here is that junior officers should understand their shared responsibility to initiate and maintain a good mentoring relationship. All officers, junior and senior alike, are encouraged to seek opportunities to develop mentoring relationships. encouraged to seek opportunities to develop mentoring relationships.

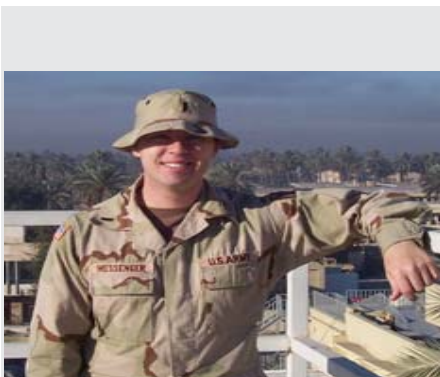
Communication

The 70B Junior Leader Community Page and Knowledge Collaboration Center (KCC) on Army Knowledge Online (AKO) continue to thrive as the communication tools of choice for the 70B community. This site contains a wealth of relevant, accurate, and timely information covering several subject areas. It is designed to assist young officers with their daily leadership responsibilities as well as special areas of interest. The site includes helpful tools related to additional duties, administrative tasks, career planning, counseling, deployments, Expert Field Medical Badge, family readiness, and training. This is a very valuable resource that provides young officers with the critical tools for successfully accomplishing their duties as a junior leader.

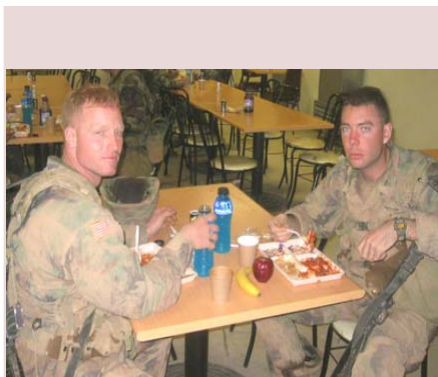
Another critical communication tool is the MSC's Silver Caduceus Society (SCS) program. The SCS program is designed to promote communication, leader development, and esprit among an area's MSC officers. 2004 was a great year for SCSs around the Army. 70Bs are encouraged to actively participate in their local SCS as this is a great forum for discussing the issues of the day.

Conclusion

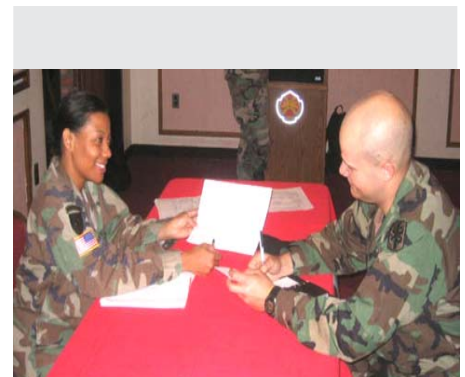
The 70B, Health Services Administration officer continues to serve as the backbone of the Medical Service Corps. Today's busy and changing operational environment poses great challenges, but also provides great opportunities for our young officers. 2004 was a successful year because of the professionalism and dedication that 70Bs demonstrated daily across the full operational spectrum. It is often said that past performance is the best indicator of future success. If so, then the performance of our 70Bs over the past year will surely translate into future success of the Medical Service Corps, the AMEDD, and the Army. With today's 70Bs as our "bench", the future is certainly bright indeed.



1LT Messenger, Unit Historian for the 86th CSH.



LTs having some chow after a fun day at the 2ID Expert Field Medical Badge Test Site.



MAJ Sorrells, 70B Career Manager, discussing future assignment options with 1LT McLean at Camp Casey.

70B Presence on AKO

The 70B Junior Leader page on AKO contains a myriad of helpful tools not only for 70Bs but all officers and NCOs who need relevant, timely information, SOPs, etc. To navigate to the site log into AKO and from the main page, on the left side, click on Special Staff/FOA, next screen click on Medical, next, Medical Service Corps and finally 70B Junior Leader.

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70C- Health Services Comptroller

70C- Health Services Comptroller



COL Darryl Spencer
Consultant

2004 was another superb year for the Health Services Comptrollers (70C). In addition to meeting critical financial challenges throughout the Army Medical Department (AMEDD), the Comptroller community continued its support to our country's efforts in the Global War on Terrorism (GWOT). This year also saw the initiation of the next generation of TRICARE Contracts, one of the largest contracting efforts in Department of Defense (DoD) history, and AMEDD Military Comptrollers were instrumental in the organization and implementation process from the military treatment facility (MTF) level, to Medical Command (MEDCOM), the Office of The Surgeon General (OTSG), the TRICARE Management Activity (TMA) and DoD.

In 2004, Military Comptrollers managed over \$4 billion to concurrently run the direct care system hospitals, support military medical training, and support ongoing military operations. The Comptroller community successfully managed and defended the Fiscal Year 2004 (FY04) AMEDD budget in a year that saw unprecedented scrutiny of AMEDD budgets by the Office of the Secretary of Defense (OSD) (Comptroller) and the Office of Management and Budget. Comptrollers also planned, organized, and controlled the expenditure of over \$370 million of GWOT funds. The typical MTF managed by a Health Services Comptroller has a budget in excess of \$100 million.

Despite the challenges of an extremely austere budget, numerous developmental, educational, and leadership opportunities continued to present themselves to the

Comptrollers. The following positions are non-Comptroller positions filled by comptrollers. Some are traditional such as Company Command; however, there are many positions that are nontraditional. These opportunities are available due to the extraordinary skill set that 70Cs provide to the AMEDD senior leadership.

Company Commands: MAJ Terence McDowell is currently the Commander of the 498th Air Ambulance Company in Iraq. MAJ William LaChance commanded the 571st Air Ambulance Company from July 2002 to August 2004. The unit deployed to Iraq from April 2003 to March 2004 and provided over 4,500 combat flight hours and evacuated 1546 casualties. CPT Michael Reyes is the A Company Commander for the 10th Mobile Army Surgical Hospital at Fort Carson, CO. CPT David Rollins is the Commander of A Company, Tripler Army Medical Center. CPT Jeff Zottola is the Medical Base Company Commander for the 67th Combat Support Hospital.

Above Company level Command: The Comptrollers made AMEDD history in 2004 with the changing of command of a military treatment facility (MTF) from one comptroller to another. On 23 July 2004, COL Calvin Williams relinquished command of Weed Army Community Hospital at Fort Irwin, CA to COL Ron Eskew. This was a first for the AMEDD. COL Eskew came from Madigan Army Medical Center where he served as the Chief of Staff and COL Williams moved on to assume duties as the Walter Reed Army Medical Center Chief of Staff.

COL Casper Jones assumed command of the 86th Combat Support Hospital at Fort Campbell, KY. Prior to assuming command, COL Jones was the Chief of Staff at William Beaumont Army Medical Center.

Deputy Commander for Administration (DCA): 70Cs also served as DCAs for several MTFs. LTC Jack Trowbridge is currently the

70C in training. CPT Sean Svarc coordinating payments at the Award of Excellence Luncheon.



DCA at Baynes-Jones Army Community Hospital (BJACH) at Fort Polk, LA. LTC Trowbridge assumed this position in July 2002. LTC Scott Cass is the DCA for Keller Army Community Hospital, West Point, NY. LTC Cass assumed this position in July 2002.

LTC James Montgomery served as the DCA for Vincenza Health Clinic, Vincenza, Italy. During his tenure as DCA, this facility saw a large increase in workload given its critical location in support of combat operations. LTC Montgomery is now assigned to the OTSG Resource Management (RM) office as a senior financial analyst.

TRICARE Leadership: The implementation of the TRICARE Next Generation contracts saw a reduction in the number of TRICARE regions from 12 to 3. COL Doug Dudevoir was the first 70C assigned to a Triservice TRICARE Regional Office (TRO), which manages all contractor issues and MTFs within its TRO region. COL Dudevoir serves as the Director for Business Operations for TRO West in San Diego, CA.

Army Staff Officers: COL Elias Nimmer serves as the Medical Program Officer in the Office of the Assistant Secretary of the Army for Acquisition, Logistics, and Technology (ASAALT). MAJ Ed Woody assumed the duties as the Aide to Undersecretary of the Army for Manpower and Reserve Affairs, Mr. Brown. MAJ (P) John Butler serves as the Medical Programs Analyst in the Program Analysis & Evaluation

Directorate within the Army G-8. While in this capacity, MAJ Butler provides timely and accurate analysis of medical and dental programs and resources in support of the Army and DoD's Planning, Programming, and Budgeting systems. He also reviews and integrates the Army's medical readiness and peacetime healthcare requirements into Army and DoD planning and programming documents. Other functions include coordination with Congressional Staff, OSD, Joint Staff, Army Staff and Secretariat level agencies, as well as ensuring that medical programs are properly evaluated and resourced at required levels in accordance with DoD and Army priorities.

Congressional Liaison Officers:

LTC Val Martin assumed duty as the Congressional Liaison officer at OTSG in August 2004. LTC Martin coordinates Congressional testimony, requests and other liaison actions with Congressional staff members and the Office of The Surgeon General. MAJ Rick Starrs serves in the Programs Division of the Office of the Chief, Legislative Liaison (OCLL). The mission of OCLL is to engage Members of Congress and their staffs to gain Congressional support for Army budget, plans, programs, and policies by formulating, coordinating, and supervising the Army's relationship with Congress. MAJ Starrs' division is responsible for providing liaison with the Armed Services Committees of Congress as well as serving as the primary point of contact for the Army with Members of Congress, their staffs, and all relevant committees except the appropriations committees. MAJ Starrs' portfolio includes all medical/health care programs, chemical demilitarization, and chemical/biological programs. The benefit to the Army and the AMEDD is the ability to help shape Congressional perceptions of the Army and Army Medicine to the extent that Congress will support Army initiatives, programs, and policies with resources and legislation.

PhD Programs: Currently, there are three 70Cs working towards earning



COL Casper Jones, CDR, 86th CSH promoting 1LT Davis and 1LT Simanze.

PhDs. LTC Bob Griffith is at the University of Texas at San Antonio (UTSA). LTC Griffith is expected to complete his program in the summer of 2005. MAJ Kevin Broom is at the University of Mississippi completing his second year of the program. CPT Brad Beauvais started his PhD program at Pennsylvania State University in June 2004. Upon graduation, these new doctorates will become instructors at the U.S. Army Baylor Program.

Syracuse MBA: CPT Rebecca Nitz is the latest Syracuse graduate as of August 2004. During her MBA program, CPT Nitz also achieved American College of Healthcare Executives (ACHE) certification as well as attaining her Certified Defense Financial Manager certification. She is currently in her internship at Walter Reed Army Medical Center.

Baylor University/University of Texas at San Antonio dual MHA/MBA: CPTs Matt Gorski, John Lee, and Heidi Prechtel all successfully completed the first year of the Baylor Master in Healthcare Administration program and are now in the Master of Business Administration program at UTSA. MAJ Mike Hogan and CPT James Craig started the Baylor phase of this dual program in June 2004.

Internships: MAJ Anthony Cooper, MAJ Eric Edwards, MAJ Pat Grady, MAJ Chris Rheney, MAJ Chris Wodarz, and CPT Shelley Mizelle all successfully completed their Internship oral boards. The board was conducted at the AUSA

conference at the conclusion of their one year internship. Following the board, all were awarded the 70C identifier.

Training With Industry (TWI): LTC Shan Largoza established a TWI relationship with Baptist Health System in San Antonio, TX in the area of Managed Care. LTC Largoza completed the program in April 2004 and MAJ Bradley Lieurance is now conducting TWI with Baptist.

Promotions: All five of the majors in the primary zone for the FY04 Lieutenant Colonel promotion board were selected. For the FY04 Major promotion board, the 70Cs had a selection rate of 88%.

2004 was another banner year for the 70C community. Despite the numerous financial challenges, the 70Cs continued to support the increased workload on the direct care system while also supporting multiple operational assignments and simultaneously continuing the professional development of the 70C community. 2005 promises even more challenges and opportunities.



The fun of the vendor distribution management system on deployments

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70D - Health Services Systems Management

70D - Health Services Systems Management



COL Charles Hume
Consultant

Mission

The overarching mission of the Health Services System Officer (70D) is to provide and manage Command and Control, Communications, Computers and Intelligence (C4I) services in theater and in the sustaining base, thereby, supporting and enhancing the accomplishments of Army Medical Department (AMEDD) missions. Clearly, our most significant mission of 2004 is to support the Global War on Terrorism (GWOT), and specifically, to provide Information Management/Information Technology (IM/IT) capabilities to support and enable healthcare on the battlefield in a major conflict and its aftermath. This prospect of mobilizing people, materiel, and capabilities and deploying them to the theater of operations has challenged existing doctrine and training and given our officers opportunities to excel through their creativity and perseverance in solving technology problems associated with the unforgiving environment and fluid combat situation. To support

Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) in the GWOT, at least 38 active duty officers, out of 106 in the Area of Concentration (AOC), are or have been deployed, generally from TDA organizations, to TOE organizations to accomplish theater missions. Numerous other Reserve Component (RC) officers have also been mobilized and deployed to the theater. We have called upon remaining officers, civilians, and RC personnel to assume extra duties associated with ongoing sustaining base missions.

Information managers throughout the AMEDD were called upon to provide automation support to the GWOT and OIF/OEF troop deployment power projection installations. Nearly all the Army's bases have deployed Soldiers in support of these missions and their medical pre and post deployment processing was mission essential. Rapid prototyping and development of automation support for this processing allowed various Medical Treatment Facilities (MTFs) to quickly establish the medical support of various Soldier Readiness Processing sites.

Once in the theater, we provided communications, networks, and automation capabilities to support all aspects of patient care and administration, ensuring a smooth flow of information between the theater and sustaining base. Processes and technologies were adapted "on the fly" in order to meet the demands of a rapidly changing battlefield. New technologies and procedures that far exceed existing doctrine, such as secure telehealth consultation capabilities and patient movement tracking, were inserted into the theater. For example, our officers in the European Regional Medical Command (ERMC) assisted the Medical Communications for Combat Casualty Care (MC4) Program Office in setting up a satellite hub system to include security in support of forces deployed in Iraq. This provided connectivity to Landstuhl Regional Medical Center and the internet, bringing access to telemedicine consultations, teleradiology, and

The 30th Medical Brigade G-6 Staff in support of Operation Iraqi Freedom.



limited Composite Health Care System (CHCS) services. We continued to support deployed hospitals in OIF, OEF, and the Balkans by monitoring their satellite communications and providing them with teleradiology, telemedicine, and video conferencing support. The most significant and unusual materiel demands were associated with OIF. Based on a conditional materiel release and a special request from the Army Surgeon General that was approved by the Program Executive Office, Enterprise Information Systems, 70D officers deployed over one thousand systems to medical forces identified in the new Army Campaign Plan and in support of OIF. This brought essential new capabilities for providing and documenting individual patient care in the theater and provided a "trial by fire" for the equipment. To date, the MC4 Program has deployed full authorization equipment to the first three Stryker Brigades and the 3rd Infantry Division. A limited quantity was also deployed to medical echelons above division and corps units supporting contingency operations in Southwest Asia.

Recognitions

70D personnel continue to serve with distinction under fire. Their service validated the doctrinal need for their presence on the battlefield. Commanders are requesting increases in the numbers of 70Ds to better enable them to accomplish their missions. MAJ William McGrath, MAJ Jeffrey Marks CPT



SFC Zepeda (tl), CPT Roberts (tr), SPC Kinsley (bl), LTC Bentley (br), part of the 30th Medical Brigade G-6 Staff in Iraq.

CPT David Bowen and 1LT Stephen Todd with PDHA equipment.



David Bowen and CPT Michael Orecchio each received the Bronze Star Medal for their service, perhaps the first awarded to members of this AOC. During our 2004 AMEDD Information Management Conference, we recognized MAJ Rob Curee, now at Southeast Regional Medical Command, as Information Management Officer of the Year, mostly recognizing his contributions in OIF. Additionally, MAJ Dave Parramore, 70D, and 1LT Nicole Goddard of the 44th Medical Command, led their G-6 staff to recognition as the AMEDD IM/IT Team of the Year.

Organization

In April 2004, COL Charles Hume assumed the duties as AMEDD Chief Information Officer following COL Eileen Malone's retirement and continues in his role as the 70D Consultant to The Surgeon General. COL Jay Lane, accepted the assignment as the Chief, Medical Service Corps Consultant for 70D Reserve Component (RC) issues. He will assist COL Hume with career development of 70D officers focusing on the unique needs of those in the RC. Welcome to the team, COL Lane.

During the year, we implemented a formal governance process that guides AMEDD decision making regarding IM/IT requirements, projects, and assets. In an effort to better institutionalize new systems, we chartered an IM/IT working integrated product team that examines the domains of Doctrine, Organization, Training, Materiel, Leadership, Personnel, Facilities,

plus other domains (DOTMLPF+) that are impacted by new systems. DOTMLPF+ assessments examine all aspects of putting a system into the AMEDD in an effort to determine risks and additional actions that may be necessary to insure successful utilization.

Effective 1 October 2003, U.S. Army Medical Information Systems and Services Agency (USAMISSA) became the U.S. Army Medical Information Technology Center (USAMITC or MITC). The name change is part of an overall transformation effort to enhance responsiveness to the AMEDD and to deliver more value to our customers, more effectively and more efficiently. The command was elevated to an O-6 position, further recognizing the need for highly skilled leadership and increasing the opportunities for 70D officers to excel.

Education

Upon completion of his Senior Service College requirements through the Department of Health and Human Services, COL Ulmont (Monty) Nanton assumed command of USAMITC. LTC Jose Lopez completed his command tour at USAMITC to attend Senior Service College. They are the first two 70D's to participate in this prestigious educational opportunity.

We also held the annual AMEDD Information Management Conference in conjunction with the Annual Conference of the Healthcare Information and Management Systems Society in Orlando, FL. This event afforded many of our officers an opportunity to receive the most current education and training on significant AMEDD IM/IT issues, particularly those associated with OIF. BG Ursone, the Corps Chief at the time, attended and presented leadership training to the 70D officers. LTG Peake, The Surgeon General at the time, and MG Martinez-Lopez, Commander of US Army Medical Research and Materiel Command, also attended and presented educational sessions highlighting the growing criticality of information technology capabilities to AMEDD mission accomplishment.

Eight officers attended the Medical Information Management Course, completing the basic requirements for award of the 70D AOC. This course included three RC officers, indicating the expanded recognition of the needs for skilled officers in all organizations in the AMEDD. The first three officers to attend the dual track educational program through the Army Baylor Healthcare Administration program and the University of Texas at San Antonio (UTSA) graduated and are now bringing this unique combination of skill sets to bear in accomplishing our AMEDD missions. Three more officers are in the second year of this program; they completed a residency following the healthcare didactic program and are now focusing their education on information systems management. One more of our officers began the Baylor portion focusing on healthcare management. This course of education is ideal for most of our 70Ds as it provides the educational background to link the business processes of healthcare delivery with information technology delivery.

MAJ Al Hamilton completed his doctorate program at George Washington University and reported to the AMEDD Center & School to take over leadership of our IM/IT training and education programs.

Patient Care and Other IM/IT Support

In addition to the GWOT challenges, the big news for the 70D community and the AMEDD was the full



LTC Bentley and CPT Roberts with 30th Medical Brigade's commercial communications setup.

deployment of the long-awaited CHCS II system. Information Management officers throughout the US Army Medical Command (MEDCOM) are working on implementation, training, and business process reengineering associated with this system. Numerous other TRICARE Management Activity systems, long in development, are also being fielded beginning this year and next. This will continue to bring many challenges and opportunities to 70D officers to help bring the transformative power of information technologies to bear in the pursuit of better AMEDD mission accomplishment. At the same time, we are working to integrate numerous local and legacy system capabilities into CHCS II and other standard systems enabling a more comprehensive, up-to-date view of patient information. We are also fielding similar new or enhanced capabilities to support dental, logistics, patient administration, personnel, resource management, quality assurance, and numerous other functional areas in the AMEDD. The threat of terrorism also extended into cyber space and the Army placed great emphasis on Information Assurance (IA) and Information Assurance Vulnerability Assessment (IAVA) compliance. We continued to see a substantial rise in the number of IA messages that affect MEDCOM computing systems. This increase in total IA activity was coupled with a

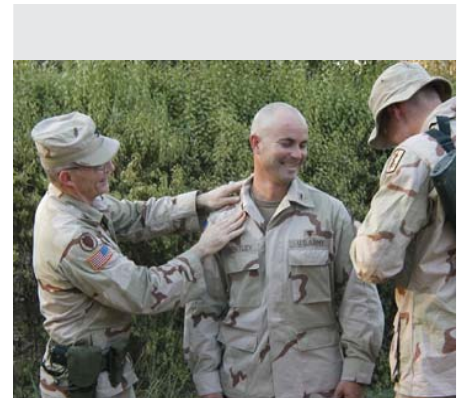
significant decrease in compliance times. We met this challenge by improving internal system build procedures, customer support staff 'surges', and improving system configuration and auditing capabilities.

Thanks to significant year-end funding in Fiscal Year (FY) 2003 and FY 2004, we were able to complete major IM/IT infrastructure upgrades at many MTFs in the command. We installed Gigabit Ethernet (1000 Megabits) backbones and upgraded connections between computers and the backbone to switched 100 megabits per second, bringing over a 500% performance improvement. These upgraded network infrastructures, critically needed for operating CHCS II, substantially improve the reliability and manageability of internal networks and contribute to increased system availability, better IA reaction times, and an overall improvement in the end-user experience. The end result was a more manageable, stable, and capable network with better availability and better end-to-end performance.

Conclusion

2004 brought more challenges and experiences for 70D officers than ever before and given the increasing demands of the environment and expectations of leadership, the forecast for the future of the AOC remains one of growth and

opportunity. The capabilities of MC4 and related new applications point to the increased reliance on vital information for accomplishing all AMEDD missions, with information technology demands growing at ever-increasing speeds. The fundamental shift in the career patterns brought on by medical reengineering initiatives, which open up new opportunities for rewarding positions in combat hospitals and headquarters units, are being validated on the battlefield. Health Services Systems Managers are proving to be ready, willing, and able to lead the way in our increasingly information-demanding and -enabled environment.



MAJ Joe Bentley getting promoted to LTC.



LTC Joe Bentley, 70D and MAJ Shawn Boos, 72D with 41D attacking Balad in the background.



CPT Matthew Dial, S-6, 86th CSH (r) and Capt. Eric Schomburg, USAF Communications Officer.



CPT Matthew Dial, S-6, 86th CSH and his S-6 Soldiers on their way to some well earned rest.

70F - Health Services Human Resources

70E - Patient Administration



COL Burton Briggs
Consultant

Introduction:

Today, more than ever, Patient Administrators (70Es) are living up to their motto as the "Cornerstone of Concerned Health Care". Patient Administrators play a critical and integral role in ensuring that the Army Medical Department (AMEDD) accomplishes its mission, and are demonstrating their value and relevancy to the Army at all levels of healthcare as the Army continues to win the Global War on Terrorism. Patient Administrators assigned to TDA and TOE units continue to excel in the areas of readiness, patient administration (PAD) operations, information management/information technology, and data quality. During Fiscal Year 2004 (FY04) there were several changes within the Patient Administration leadership. Colonel Larry Clark, Patient Administration Consultant, and Colonel James Halvorson, Chief, PAD at US Army Medical Command (MEDCOM), both retired. In addition, there were several key appointments and reassignments in the Patient Administration leadership. Colonel Burt Briggs was appointed as PAD Consultant and reassigned from the Director, PAD, Walter Reed Army Medical Command (WRAMC), to MEDCOM as the Chief, PAD Division, Health Policy and Services. Colonel Sheila Hobbs was reassigned from the Office of The Surgeon General (OTSG) to the Director, PAD, WRAMC, and LTC James Starcher was reassigned from the Chief, PAD Branch, AMEDD Center and School (C&S) to the Deputy Chief, PAD, MEDCOM. LTC Carl Smith was reassigned from the Deputy Director, PAD, WRAMC to OTSG. LTC Duane Hill was reassigned from the Great Plains Regional Medical Command to Chief, PAD Branch, AMEDD C&S, and

LTC Greg Swanson was assigned as the Director, Patient Administration Systems and Biostatistics Activity (PASBA). COL Mary Ancker also became the Reserve Component Medical Service Corps 70E Consultant.

Successes:

Patient Administrators continue to be ready to excel as the 70E Area of Concentration (AOC) leads the way in training opportunities, job diversity, and challenging assignments in TDA and TOE units. Patient Administrators continue to be recognized as key Soldier leaders among the AMEDD and in FY 04 there were three Patient Administrators attending the Command and General Staff College (CGSC) at Fort Leavenworth, Kansas. Major Weyman Cannington, Major Rhonda Clark, and Major Rachele Smith are currently in CGSC and will be assigned to key positions following their graduation where they can continue to contribute to the AMEDD in continuous global operations around the world. Colonel Sheila Hobbs recently graduated from the Senior Service College and is currently serving in the largest Patient Administration Directorate in the Army at Walter Reed Army Medical Center. Major John Miller and Major Stephen Oates graduated from the University of Pittsburgh with Masters Degrees in Health Care Informatics and are currently serving in critical positions at PASBA and as the Southeast Regional Medical Command PAD, respectively. Patient Administrators continue to provide the AMEDD and Army with expertise in the areas of medical records administration, Health Insurance Portability and Accountability Act, Third Party Collection Program, Medical Service Account, and eligibility issues. In addition, Patient Administrators have played a key role in supporting the Army through their expertise in the areas of profiles, line of duty, and medical evaluation board processing. Patient Administrators have also been at the forefront of the Global War on Terrorism as many have deployed with Army units, and PASBA and the AMEDD Center and School (C&S) have worked together to develop and implement a Patient Administration deployment training program for all AMEDD Soldiers pending deployment.

PASBA has also created a PAD Tool that enables deployed Patient Administrators to support the AMEDD mission in a deployed environment.

Challenges:

Patient Administration faces several challenges in the next few years. There is currently a shortage of Patient Administrators in the inventory, which means that some positions will go unfilled and more work will be shouldered by others. The Patient Administration leadership is working with Human Resources Command and the AMEDD C&S to ensure that as many quality officers as possible are being recruited for attendance to the Patient Administration Course and that promotion opportunities remain high for all grade levels. Patient Administrators face the challenge of ensuring that the Medical Evaluation Board (MEB) process continues to receive priority attention as more Soldiers become eligible for MEB processing. Data quality continues to be a challenge in our medical treatment facilities and Patient Administrators play a key role in ensuring that data quality is improved through better processes, system development, and improved medical record documentation.

Conclusion:

There has never been a more exciting time to be a Patient Administrator and the outlook for the success of the Patient Administration field is bright due to the superb young officers who are excelling in the 70E AOC on a daily basis in both TDA and TOE units. Patient Administrators have supported the AMEDD with great success in the past and, with the great young officers leading the way, Patient Administration will continue to meet the new challenges and be successful supporting the AMEDD mission in the future.



CPT Daniel Hutchinson, C, PAD at General Leonard Wood ACH named as Hero of the Year by the St. Louis Area USO.

70F - Health Services Human Resources



COL Larry Bolton
Consultant

The Human Resource (HR) profession is continuing to bolster its position as a preeminent strategic partner within the Army Medical Department (AMEDD). Our strategic relevance has significantly improved over the past year due to our strength, our success in command, our developmental successes, and the continued professionalization of our specialty.

Our strength as a corps of Health Services Human Resource (70F) management professionals slightly increased over the past year. Our career field is now at 90% strength in the aggregate. However, we have several junior year groups that are worrisomely short, especially year groups 1998-2000. Although we had some success in our targeted marketing campaign earlier in the year, I ask that each of you continue your stewardship efforts to recruit junior officers into our great profession. It is important that we continue to assess officers within our ranks so we can afford to have HR professionals serve in every level of the organization. We must make ourselves available to serve so we can impact the HR decisions across all levels.

Your successes continue to confirm that HR professionals are more than just administrators and AMEDD leaders continue to recognize our potential for future contributions. Officers within our specialty represented 33% of the eligible Medical Functional Area (MFA) 67A/05A available commands on the Fiscal Year 2005 (FY05) LTC AMEDD Command Selection Board. We had three officers selected against nine command opportunities. Additionally, our officers represented 10% of the

COLAMEDD Command Selects. Great job! There is nothing stronger than command to illustrate the quality of our HR officers and the relevance of what we do for our organizations. Collectively, 70F's have commanded more than 223 different units, ranging from detachments through brigade command. Currently, 70F officers are commanding 25 units; 1 Brigade Command, 8 Troop Commands, 13 Company/Detachment Commands, and 3 Recruiting Team Commands. Well Done! Our influence definitely permeates all command levels within the AMEDD.

Educationally, we far exceed any benchmark characterizing the HR professional and we are competitive with all other MFA 67 specialties. We had seven officers join the ranks of graduate professionals this year. The 70F Area of Concentration (AOC) is now capitalizing on the knowledge, skills, and abilities of 66% of its graduate trained professional corps. Nowhere do you have the privilege of working with such a highly educated workforce. Keep up the good work! Continuing the professionalization of our AOC, we now recognize and endorse professional membership within five organizations, as well as certification within three broad areas; Certified Healthcare Executive, Professional in Human Resources, and Certified Specialist within the International Public Management Association for HR. I am pleased to report that five percent of our career field has earned their certification. I encourage each of you to continue your professional development. These are valuable endeavors that provide a significant return to the efficacy of both our organizations and our career field.

Finally, I would like to report and congratulate the newest members of our career field, the FY04 HRM Graduating Class. We had 42 officers (16 Active and 26 Reserve Component) graduate from our annual AOC qualification course in June 2004. More than 50% of our eligible officers (LT-MAJ) have now completed our entry level AOC producing

course, which is up 15% from last year.

I am proud to be your Consultant and a member of the AMEDD HR Team. You all are professionals that earn your respect daily. Keep up the hard work!

"Communication, Relevance & Professionalism"

Career Field Update

Force Structure. The 70F AOC continues to remain healthy at 90% fill in the aggregate as compared against our Force Model requirements. This is an improvement of 1% from last year's analysis. However, there are some obvious trends in year groups shortages that need to be addressed; specifically, shortages within year groups 1984-1988, 1994-1995, and 1998-2000. Although the Field Grade officer shortage is noticeable, the overages of Majors within year groups 1984-1988 offset to balance the workforce. More pressing is the shortages between year groups 1994-1995. This is significant to our career field since the primary source for personnel inflow, the 70B officer population, does not have any remaining assets within these year groups to recruit. These two year groups will basically remain at 65% strength or less through the Lieutenant Colonel grades, which is when their overall force structure will decrease to support the 30 year lifecycle model. Similarly, year groups 1998-2000 are significantly short, but a small 70B population still remains uncommitted. This is our opportunity to market and champion the HR profession in an effort to bolster our strength before they are otherwise committed to another AOC. Overall, the 70F AOC has maintained consistency across the Force Model, authorizations, and inventory for the past five years. We've maintained a consistent and predictable trend line within our specialty whereas our inventory has only dropped 9% since FY00, but has consistently outweighed our authorizations each year.

Civilian Education: The 70F career field is continuing to make strides toward educational excellence, which is integral in the demarcation between an occupation and a profession. This year our specialty had seven officers complete a graduate course of study to earn an advanced degree. I am very proud of these officers, and I am looking forward to their future contributions to the AMEDD utilizing their newly acquired knowledge, skills, and abilities. The following officers earned their graduate degrees in 2004: COL Debra Caraway, COL Thomas Grant, MAJ Laura Bowers, MAJ James Cahill, MAJ Shepard Gibson, MAJ Matthew Huffman, and MAJ Carzell Middleton. Congratulations! Overall, 66% of our AOC now possesses an advanced degree (beyond a Bachelors degree). This is remarkable when compared with the overall percentage of officers within MFA 67A that also possess a graduate degree – 38%. This is a true testament to our specialty's desire for recognition as a strategically relevant profession. Furthermore, disciplines amongst our advanced degree holders are sufficiently diverse to infuse all the principles of HR within the AMEDD command and management structure. Overall, officers within the 70F career field have earned a combined total of 129 advanced degrees. Great job!

Military Education: The 70F AOC has and will continue to compete well for Command and Staff College (CSC) and Senior Service College (SSC). Our specialty had five officers selected in Fall 2003 to begin training in Summer 2004. Our number of selects for 2003 represents a sizable portion of the total number of Medical Service Corps officers and is something to collectively be proud; 29% for SSC and 14% for CSC. The 70F officers selected are: COL Wendy Martinson and LTC(P) Patrick Sargent - SSC, LTC Allison Clark - SSC Distance Learning, MAJs Andrew Corrow, James Davidson and Lawrence Hallstrom - CSC. These fine officers are continuing to show that the HR profession is relevant and valued by the institution as a whole. Congratulations and job well done! Overall, the 70F AOC competes well. Most notable is that 38% (6 out of 16

officers) of our Colonel population have completed SSC to obtain MEL 1 qualification, compared with 25% for MFA 67A. Additionally, 97% of our Lieutenant Colonels and 45% of our Majors have completed CSC.

Command: Officers within the 70F AOC are continuing to excel and admirably represent our career field. Officers within our specialty represented 33% of those selected on the FY05 Lieutenant Colonel AMEDD Command Selection List. This is an amazing accomplishment that we can all enjoy. It is a testament of the organization's value being placed upon our profession, the HR profession, and recognizing the importance of our accomplishments. There were nine command opportunities that 70F officers could compete for within the Training Battalion and AMEDD Recruiting categories and we secured three of them. Similarly, two of our senior 70Fs were selected for command from the FY05 Colonel AMEDD Command Selection List, which represents 10% of the total selects. Colonel John Giddens was activated early and assumed command of the 249th General Hospital at Fort Gordon, Georgia on 13 September 2004. Likewise, COL Brad Freeman (FY04 command select) took command this summer of the 32d Medical Brigade at Fort Sam Houston, Texas, which is one of the Army's largest brigades. This reiterates my point that HR professionals are competitive, possess the necessary skills required for success (communication, human relations, decision making), and are recognized by the senior leadership. We are on point for the AMEDD; we already recruit the finest citizen soldiers and now we are directly responsible for training and shaping them into viable medical assets. Finally, I want to report that 70Fs have collectively commanded a total of 162 separate units!

Career Development

Promotions: The 70F AOC had a total of 14 officers selected for promotion to Major, Lieutenant Colonel, and Colonel over the past year. Information extracted from the FY04 LTC AMEDD

Promotion Selection Board shows that: 1) the majority of MSC and all the 70F officers that were non-select to LTC had not completed MEL 4 qualification; and 2) the majority of MS and 70F officers that were non-select for LTC did not possess a graduate degree. These findings add merit to completing MEL 4, via correspondence, as soon as eligibility is manifested and to capitalize on our Long Term Health Education & Training (LTHET) programs, or an evening program when afforded by OPTEMPO, to complete your graduate degree. Although these achievements are not board requirements, the trends definitely construe them as discriminators. The moral of the story: don't wait until the last minute.

Long Term Health and Education & Training (LTHET): The Health Service HR career remains competitive in its graduate degree program offerings. This year we offered multiple developmental opportunities for our officers to increase their knowledge, skills, and abilities, which will professionally advance our professions relevance within the AMEDD as a strategic partner. We also had officers matriculate at George Mason University to obtain an Masters of Science (MS) in Operations Research (MAJ Kelly Moss) and the University of Northern Colorado to obtain an MS in Applied Statistics and Research Methods (CPT Marcella Feddes). Our most recent success story is MAJ Shep Gibson. He graduated from the University of the Incarnate Word with a Master of Business Administration (MBA) and is now assigned to the 44th Medical Command (MEDCOM). Congratulations! Additionally, we offer three outstanding non-degree producing opportunities for officers within our AOC: Training with Industry (TWI) internship and two internal AMEDD HR Internships [Office of the Surgeon General (OTSG) and the AMEDD Personnel Proponency Directorate (APPD)]. Our TWI training opportunity is conducted at the Baptist Health System in San Antonio, Texas. We are continuing to see great results, especially relating to this program's ability to prepare our officers for future assignments. Our recent HR needs

assessment survey further confirmed the validity of the program. All respondents that had participated in the TWI program responded favorably to its ability to prepare them for their future assignment. Our most recent success story is CPT Alex Hayman. Alex finished the program this past summer and is now the Chief of the HR office at West Point. Captain Michele Hannon was selected by last year's LTHET Board and she began her TWI program this summer. Currently, we have a total of four officers within our specialty that have completed this program and are contributing to the success of the AMEDD in key positions; MAJ Dino Murphy (Chief, Military Personnel Office, Tripler Army Medical Center), MAJ Miranda Vereen (Chief, Strength Management Branch, US Army Medical Command), MAJ Amy Black (Team Commander, US Army Recruiting Command), and CPT Alex Hayman (Chief, HR, West Point). We are capitalizing on their civilian acquired knowledge and experiences to improve our business practices. Keep up the good work! I recommend that anyone contact these outstanding officers to learn more about this unique training opportunity. Finally, we only had one officer selected to start a HR Internship this year, CPT Matthew Konopa. His internship is within the APPD in San Antonio, TX. Congratulations are in order for CPT Vern Wheeler and MAJ Avery Davis for successful completion of their programs. Both officers have been reassigned to their operational assignment to utilize their newly acquired skill sets – CPT Wheeler (Chief, Personnel Operations, 18th Medical Command) and MAJ Davis (HR Analyst, OTSG).

HR Management Course (HRM):

The AMEDD Center & School successfully conducted our annual 70F HRM Qualification Course, graduating a total of 42 officers on 18 June 2004. This year's class composition consisted of 16 Active Duty and 26 Reservists. Major Cheryl Goggins and Captain Vern Wheeler did a fantastic job in serving as the Action Officers responsible for planning, preparing and executing the course. The curriculum this year provided a hands on focus with the automation tools that are vitally

necessary to provide the administrative and operationally focused support to our AMEDD. Our course is continually improving year to year, based almost exclusively on your comments and recommendations. One of the major improvements this year has been the course web site (www.cs.amedd.army.mil/hrmc/). It not only serves as a tool for new students, but a valuable resource for practicing HR professionals, especially as it pertains to the tools necessary to perform our function. Currently, 75 70Fs have completed our resident



course, which represents 56% of our eligible population. This is an increase of 15% from last year's analysis. Great job! I'm glad you all are taking the time out of your busy schedule to attend our fundamental course. However, we still have a ways to go before reaching our goal that all 70F officers below the rank of LTC complete the course.

Additionally, we included specific questions in our HR needs analysis survey related to improvement of our course. The majority of respondents recommended extending the course length to incorporate more information pertaining to Reserve Components, the Joint Commission on the Accreditation of Healthcare Organizations, more in depth knowledge of unit level HR programs and tasks, more hands on automation training, and a “take-away” Smart Book that is preferably updated on-line to keep them abreast and adept at common HR processes, policy, and procedures.

Professional Organizations &

Certifications. The following list of professional organizations were staffed among our senior 70F leadership and

recommended for our HR professionals to affiliate. Affiliation within a professional organization is a hallmark of professionalism and your membership will serve as a distinction of your commitment to advance the HR profession, as well as improve our career field's efficacy within the Army Medical Department. In addition, our AOC has correspondingly recognized several professional certifications that we encourage all HR professionals to earn. The premises behind our support for these certifications are relevant to the practice of HR within the AMEDD. Certification establishes credibility, illustrates mastery of the HR body of knowledge, infers the officer is current and adept at emerging trends, officially recognizes professional achievement, and increases our career field's prestige. Currently, 5% of our career field possesses a professional certification. Most recently, CPT Alex Hayman obtained his IPMA-CP (International Public Management Association-Certified Professional) certification. Congratulations! In order for Alex to accomplish this achievement, he had to demonstrate his technical proficiency by completing a Personal Profile outlining his HR experience and demonstrating his comprehension of HR competencies by successfully completing a competency examination.

Karen Wagner Leadership Award (KWLA). This past year we recognized the inaugural recipients of the KWLA; MAJ James Davidson (Deputy Commander for Administration, Fort Carson Medical Activity) and MAJ Steve Owens (Army National Guard Advisor, APPD). Congratulations to both of these fine officers! This award was established to recognize our outstanding HR officers that demonstrate the character reminiscent of LTC Karen Wagner – professionalism, integrity, competence, and leadership. In order to be eligible for the award, candidates must hold the rank of Major or below, hold the 70F AOC, and meet Army Physical Fitness Test and height/weight standards. The award program is designed to recognize an HR officer from both the Active and Reserve Component. Selection of award recipients is accomplished by a 70F Council of

Colonels (Consultant and 3-5 senior 70F's). Selection is based upon the overall leadership and performance of the officer during the calendar year of consideration. Some factors considered are leadership performance, technical competence, commitment to the Army values, and customer service qualities above and beyond expectations. Award recipients will be recognized at the annual Association of the United States Army (AUSA) Medical Symposium and will receive both a memorandum of commendation from the Corps Chief and a framed Commemorative Medal of the "Phoenix Project"

Bi- Annual 70F HR Conference.

This year's conference was a huge success. The conference was conducted in conjunction with the AUSA Medical Symposium in San Antonio, Texas. The HR Track organizers and presenters did a fantastic job of preparing and presenting quality information to further develop our HR competencies. Specifically, COL Keith Parker and the staff within the MEDCOM Military Personnel Division deserve recognition as they were primarily responsible for event planning and execution – thanks for your hard work and professionalism! If you were not able to attend the conference, the HR Track presentations may be accessed

through the 70F Knowledge Collaboration Center (KCC) within the "AUSAHR Track" folder.

70F Core Values. In order for the HR career field to maintain its foothold as a strategically relevant partner within the AMEDD, we must focus on our fundamental values and principles: Communication, Relevance and Professionalism. These principles provide the framework to improve our relevance and respect within the AMEDD community. Additionally, our principles complement the new Corps Chief's uncompromising values: **Competence, Courage, and Compassion.** These core values represent the Competence inherent with a professional's mastery of knowledge, the Courage to do what is right, and the Compassion necessary for selfless service and support to our customers – PEOPLE.

DMHRSi. The Defense Medical Human Resource System, Internet (DMHRSi) successfully completed System Qualification Testing (SQT) at Fort Stewart's Winn Army Community Hospital (WACH) and is now entering the Limited Rate Deployment (LRD) phase. Congratulations are in order for the fine job that MAJ Rhoda Howard (Site Project Officer) and the WACH staff has done in testing the application. The Winn staff was

involved with testing since August 2002. The AMEDD has initially planned to deploy DMHRSi to two sites; Kenner Army Community Hospital (West Point, NY) and Evans Army Community Hospital (Fort Carson, CO.). Managing implementation for the AMEDD is one of our own, LTC Ric Edwards. LTC Edwards was recently named as the Implementation Project Manager responsible for deploying the application across our health system. The AMEDD can look to having DMHRSi fielded beginning in the latter part of FY05.

Conclusion. As you can see 70F have been making incredible contributions in 2004 and we look forward to the challenges and opportunities in 2005. Thanks for your devoted service!



70F Graduating Class 11 at the AMEDD Center and School.



COL Larry Bolton promoting LTC John Loughlin, OTSG HR Drilling Individual Mobilization Augmentee.



COL Bolton and MAJ Gail Davis promoting MAJ Avery Davis, OTSG HR Analyst.

70H - Plans, Operations, Intelligence, Security & Training

70H - Plans, Operations, Intelligence, Security & Training



COL Kenneth Crook
Consultant

This has been a great year for the Health Services Plans, Operations, Intelligence, Security and Training (70H) community. Synchronizing the Transforming Army with the Army Medical Department (AMEDD) while pursuing the Global War on Terrorism is a challenge never before faced.

Through Joint and Combined efforts around the world to the Institutional Army base in the continental United States (CONUS), 70Hs continue to make a difference in the way we fight and lead.

70Hs continue to see progression at every turn. In 2004, five 70Hs were selected for promotion to Colonel. Twenty-two 70Hs were promoted to LTC, a 71% selection rate. With an 89% selection rate for 70Hs, 16 Captains were selected and promoted to Major.

I want to give you a quick snapshot of the continued success of our peers. One 70H was selected for attendance at the Senior Service College. Seven 70Hs are students at the Fiscal Year (FY) 2004-2005 Command and General Staff College. One 70H is currently enrolled in the School of

Advanced Military Science (SAMS) at Fort Leavenworth. Seven 70Hs began graduate degree studies in the Long Term Health Education and Training program. The 70H Course offered at Fort Sam Houston introduced 43 school trained 70Hs to the field.

HOMELAND DEFENSE

Operators have continued to support Joint Medical Homeland Security in the Medical Chemical Biological Radiation Nuclear Emergency (CBRNE) defense planning, exercising, response, mitigation, and consequence management for installation and Defense Support to Civilian Assistance (DSCA). Operators have led the way in producing new updates to the National Response Plan (NRP). The transition from the Federal Response Plan (FRP) has focused the importance of medical support provided from Army Installations and AMEDD planners in all Areas of Responsibility. Defense Support to Civilian Authorities is the new buzz word replacing Military Support to Civilian Authorities (MSCA). LTCs Thomas Berry and Mike Avila at Northern Command and Joint Directorate of Military Support (JDOMS) J3 are the Consequence Management Medical Planning stars in the Joint Department of Defense (DoD) Medical and Operational DSCA. 70H support to National Security Special Events, Response Readiness, and real operations have improved AMEDD responsiveness to Homeland Security requirements.

70Hs continue to expand their sphere of influence both at home and globally. MAJs Ron Walker, Dave Fugazzatto, and LTC Dan Orrico were critical to the modernization of the Saudi Arabian National Guard. This U.S. State Department endeavor keeps a strong friendship with an important strategic partner. The work done by these 70Hs also gives the US Army Transformation a wheel and path to follow in that the Office of Program Management, Saudi Arabian National Guard already

has compiled Load Plans, Motorized Medical Support Training Plans, and New Equipment Training Models.

ARMY CAMPAIGN PLAN

Over the past year, medical operators have served as the integrator for the Army Campaign Plan (ACP) for the AMEDD and the Office of The Surgeon General (OTSG). The Force Management section of OTSG has been aggressively pursuing medical equities that are found within the ACP for the betterment of the AMEDD, its Soldiers, and families. One of the primary challenges facing the AMEDD relative to the ACP was the decision on the placement of medical units – under the Theater Sustainment Command (TSC) or as a separate element. In coordination with the AMEDD Center and School, Force Management was intricately involved in the development of the AMEDD position on this matter. The key decision was made in September – medical units will operate as a separate element, not under the TSC. Force Management has also worked with other elements within OTSG to ensure that the AMEDD is fully prepared to deal with modularity initiatives from the healthcare perspective as well as facility planning, manning, and equipping.

ARMY AVIATION TRANSFORMATION

Over the past year, Force Management has been heavily involved in the transformation of Army Aviation to include Aeromedical Evacuation (MEDEVAC). We have maintained membership on the Army Aviation Task Force, defending the MEDEVAC mission and proponentcy while simultaneously moving out with decisions to embed the MEDEVAC units within elements of the Multi-Functional Aviation Brigades (MFABs). MEDEVAC unit conversion will now be complete by late 2007.



L-R - LTC Laudree, MAJ Sauer, MAJ Martin, COL Crook, LTC Eckert, LTC McGovern, MAJ Kelly in Iraq.

JOINT FORCE HEALTH PROTECTION

Joint Forces Command (JFCOM) and the Joint Staff (JS) initiated planning in accordance with the 20 January 2004 Deputy Secretary of Defense (DEPSECDEF) memorandum on Improving Joint War fighting through Joint Force Health Protection (JFHP) Transformation and subsequent JFHP Capabilities-Based Assessment (CBA) Plan to accomplish the Office of the Secretary of Defense (OSD) requirements. Force Management (FM) assumed the lead for the Army and began the internal AMEDD coordination and collaboration. Health Care Operations, FM Division has been proactive from the very early stages to both push Joint solutions and insure Army and AMEDD equities are fully represented and addressed. Initial meetings determined that a Joint Health Service Support (JHSS) Joint Information Center (JIC) was necessary to fulfill the DEPSECDEFs requirements. Force Management played a leadership role in influencing the decision to develop a JHSS JIC. Using the Joint Capabilities Integration and Development System (JCIDS) process, the JHSS JIC will directly address how health-related functions are accomplished

within the Joint Operations Center (JOpsC) and Joint Operations Committees (JOCs). The Joint Operations Center is the overarching concept describing the conduct of future Joint military operations. Within the JOpsC, the JOCs operational focus is to integrate functional and integrating concepts that describe how a Joint Force Commander (JFC) will plan, prepare, deploy, employ, and sustain Joint forces. Joint Functional Concepts amplify a particular military function, such as Focused Logistics and Force Protection (where JHSS has its greatest impact). Joint Integrating Concepts describe how specific functions are accomplished within the JOpsC and JOCs. It describes the overarching organizations, command relationships, foundations, principles, operating philosophy, and the Joint capabilities required. Operators will continue to insure a coordinated and collaborative environment exists within the AMEDD so all organizations are engaged and receive a common picture.

US ARMY SPECIAL OPERATIONS COMMAND

70Hs continue to support their respective Special Forces groups on a wide variety of deployments

including Operation Iraqi Freedom and Operation Enduring Freedom as well as a Southern Command and European Command theaters of operation. Critical to the medical planning and execution, these paratroopers often find themselves in the most austere environments supporting America's finest. Truly integrated into Civil Affairs and Psychological Operations units, 70Hs provided key insight into the planning and execution of a variety of programs designed to support local populations and begin to change the perspective to one of cooperation of those we are assisting.

CONCLUSION

The year 2005 will prove to be just as challenging and rewarding as 2004. Our commitment to provide outstanding operational planning and execution in support of the Soldiers, Sailors, Airmen, and Marines will not falter. The New Year offers the 70Hs a grand opportunity to continue the tradition of making lasting contributions to the most lethal fighting force in the world, the U.S. Army.



CPT Lindsey and SFC Gann, S-3, 86th CSH in Iraq.



Medical Ops in Cav Country. MAJ Gabrielle Pasek and NCOIC.



LTC Joe Laundree and MAJ John Martin, OTSG Current Operations in Iraq.

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70K-Health Services Materiel

70K-Health Services Materiel



COL Michael Johnson
Consultant

Medical Logistics represents one of the largest and most diverse career fields in the Medical Service Corps (MSC). Medical Logisticians provide the specialized materiel and services necessary to operate an integrated healthcare system worldwide through the full spectrum of military operations. Core functions include the provision of medical supplies, medical equipment, biomedical equipment maintenance, optical fabrication, and blood storage and distribution. Medical logistics subspecialties include contracting, acquisition management, logistics automation, and health facilities planning.

Logisticians serve in key positions throughout Army TDA and MTOE organizations and have challenging opportunities in both realms from company through field grade assignments. Specific medical logistics command opportunities exist at the Lieutenant Colonel level in our Medical Logistics (MEDLOG) battalions; and the Colonel level at the US Army Medical Materiel Agency (USAMMA), the US Army Medical Materiel Center, Europe (USAMMCE), and the 6th Medical Logistics Management Center (MLMC). Officers become 70K Medical Logisticians by attending the ten-week resident Health Services Materiel Course at the Army Medical Department (AMEDD) Center & School and working in a medical logistics assignment for one year. We have a great variety of Long Term Health Education and Training opportunities including a Doctorate program in Business/Information Systems; several Masters programs

in Business, Logistics Management, Information Systems and Healthcare Administration; a two-year Procurement Internship in Contracting through the US Army Health Care Acquisition Activity (HCAA); a one-year Acquisition and Logistics Programming Internship Program at the Office of The Surgeon General; and a one-year internship Training With Industry (TWI) at the Logistics Management Institute and Federal Express (FEDEX). We completed our second year of a 70K Residency as part of the Baylor Healthcare Administration Program, where selected officers complete the Medical Logistics Management Internship Program (MLMIP) followed by a six-month rotation in a medical facility in the National Capital Region in lieu of the standard year-long Baylor residency. We also continue to offer the six-month MLMIP at USAMMA to other selected logisticians to complete post-graduate education.

Highlights of the past year:

Last year was shaped by the Global War on Terrorism (GWOT), Operation Enduring Freedom (OEF), and Operation Iraqi Freedom (OIF). Concurrently, we continue to support Army transformation through materiel acquisition, best business practices, and initial transition of our automated processes to Enterprise Resource Planning (ERP). These events highlight the importance of our Professional Filler System (PROFIS), as our officers and Soldiers of the Army Reserve provide the necessary depth of Medical Logisticians needed for extended worldwide operations, with nearly every deployable medical logistics unit in both the Active and Reserve Components participating in full or partial unit deployments to OEF/OIF.

Medical Logisticians provided critical support to combat operations in Southwest Asia (SWA) and to continuing stabilization operations in the Balkans. These operations place significant demands and highlight the

Officers at the 16th MEDLOG BN receiving a briefing from HRC.



need for expertise in the core competencies these officers bring to the AMEDD. The lessons observed and learned in meeting the requirements of medical forces employed across a spectrum of military operations from fast moving offensive maneuver to stability and humanitarian activities will have a lasting impact on future developments in the 70K career field.

I assumed the duties as Director of Logistics (DOL), Office of The Surgeon General (OTSG) and Assistant Chief of Staff for Logistics (ACSLOG), Medical Command (MEDCOM). I am also the 70K Consultant to The Surgeon General. It is with a sense of pride and commitment that I serve you. Working as the Deputy to the previous DOL/ACSLOG, COL Jonathan M. Kissane, was a rewarding experience and definitely prepared me for this challenge. I am excited and look forward to taking logistics to the next level, and I will visit several locations and units around the globe during the next few months.

We said farewell and best wishes to an outstanding Army Officer and Medical Logistician who retired on 1 August 2004. Colonel Jonathan M. Kissane, Director of Logistics, OTSG and ACSLOG, MEDCOM, retired after 30 years of service to this great Nation and Army. He definitely made his mark over the past four and a half years in this position. His strategic vision and passion for excellence continued to effectively shape medical

logistics policies and programs to improve readiness and will have a lasting impact.

This past year was filled with challenges and success stories. The Regional Tri-Service Medical Logistics Support Program improved standardization of medical surgical products and medical equipment resulting in enhanced-negotiated prices, which realized a reported cost avoidance valued over \$11.8 million for Fiscal Year 2003 (FY03). The cost avoidance for FY02 was \$9.3 million. The institution of our Medical Price Improvement Contracting (MEDPIC) Program is expected to help resolve previous Department of Defense (DoD) Inspector General findings citing poor collaboration across the Services to leverage pricing for medical products, which are Cardiac & Orthopedic Implant Products and Clinical Laboratory Diagnostic Items. The MEDPIC program is a definitive DoD procurement strategy to develop electronic access to products and pricing schedules for medical surgical products not available through Prime Vendors. Cancellation of the Defense Logistics Agency Government Printing Office procurement initiative mandated the development of this strategy.

The two primary objectives of this program are to streamline the overall supply chain process and gain savings for the Military Healthcare System, Defense Supply Center-Philadelphia corporately and vendors; and to reduce customers' delivered unit price by leveraging purchasing power through a consolidated DoD contract with electronic ordering prices. To pilot this program, DSCP awarded a one-year contract with Abbott Diagnostics to consolidate procurement of Hematology, Immunoassay Reagents, and MediSense Strips for seven military facilities. The Army facilities participating are Walter Reed Army Medical Center, Brooke Army Medical Center, and Madigan Army Medical Center.

The Logistics Systems Division has been extremely busy. Work was ongoing for automating the financial

data received from activities. Specific financial information from reports generated in the Theater Army Medical Management Information System (TAMMIS) and Defense Medical Logistics Standard Support system were entered into a database and management reports were developed to monitor obligation authority at 21 Defense Wide Working Capital Fund activities and to trend inventory values at all activities. A Command Management System (CMS) was developed by OTSG to provide management information and metrics throughout the MEDCOM. The two ACSLOG metrics included in CMS are Prime Vendor Med/Surg utilization and Fill-rates. Extensive work was accomplished to ensure accurate data feeds were available from TAMMIS to the Joint Medical Asset Repository (JMAR). This data can be pulled from JMAR by the Medical Occupational Data System (MODS) to display within CMS. The CMS displays were reviewed and recommendations were made to correct deficiencies and enhance the presentation. The recommendations were accepted and the CMS contractor began to make the changes.

Each year MEDCOM organizations fail to collect monies owed by various vendors. The MEDCOM ACSLOG initiated a contract with Recovered Assets Financial Services (RAFS). In FY03, RAFS recovered \$151,000, which brought the MEDCOM net gain to \$120,000 for FY03. The Health Care Acquisition Activity helped considerably in this recovery process by providing an extensive MEDCOM contract database to RAFS. LTC Robert May, Chief, Logistics Plans and Readiness Division, ACSLOG MEDCOM, deployed to Kuwait to brief the Theater Augmentation Sets (TAS) concept for Level III Combat Support Hospitals (CSHs) for OIF 3-7. The visit concluded with briefings to the Coalition Forces Land Component Command (CFLCC) Surgeon, the 2nd and 8th Medical Brigade staffs, as well as the CFLCC Operations Officer. The TAS will allow the Army to rotate

Soldiers only into modernized, modularity designed CSHs. Two CSHs will be deployed in Iraq while one is in reset. This will allow the theater to have equipment no older than two years in our hospitals and provide state-of-the-art medical equipment to support our fighting force.

Logistics News

This year we conducted our Medical Logistics Post-Graduate Short Course in Nashville, Tennessee. We took a different approach this year and held the course in conjunction with the Association of Healthcare Resource and Materials Management (AHRMM) Conference. One hundred Soldiers and Civilians participated in both conferences, and an additional 130 Soldiers and Civilians attended the Medical Logistics Conference. Several personnel took AHRMM's Certified Materials and Resource Professional (CMRP) examination at the AHRMM Conference. We are working with Human Resources Command (HRC) to have this annotated as a professional certification on Officer Record Briefs (ORBs). The conference was a great success, and we may use this format again in 2006. MAJ Sam Haddad and MAJ Dan Moroney achieved Fellow status in AHRMM and were recognized at the conference. Medical Materiel Mobilization Planning Tool (M3PT) is now fully functional and available for use at <http://www.mods.army.mil>. M3PT is an integrated MODS application that utilizes the data resources of the mainframe at the Pentagon to populate a web service application with the most current personnel demographics, immunization status from MEDPROS, and current medical equipment and medical re-supply set data. Users can build hypothetical unit mobilization scenarios that can be used to forecast CLVIII requirements and budgets. Additionally, using the tool to inventory units' sets will be invaluable to determine fill requirements as units are mobilized for deployment. This is

an Army planning tool designed for both TOE and TDA organizations.

Final Thoughts

Medical Logistics continues to be the cornerstone of the Army Healthcare System by providing the specialized materiel and services necessary to operate an integrated healthcare system worldwide. Everywhere I recently visited, logisticians are fully engaged with training and taking care of Soldiers. This is a busy time for our Army, and I do not see it letting up anytime soon. I encourage all of you to take time to talk with your Soldiers and ensure they understand the tasks and overall mission of the Army. All personnel involved in the Medical Logistics profession must understand that to sustain an expeditionary force, we must develop an effects-based capability in which logistics support is linked to maneuver capabilities. Time spent reinforcing tasks during training will reinforce this concept.

Thanks

I close with a heartfelt Thank You to all Medical Logisticians across the Army. Your efforts and accomplishments continue to lead the Army and DoD and ensure our Service and family members receive the best healthcare available.



MSCs from the 388th and 424th Medical Logistics Battalions and 6th Medical Logistics Management Center.



Early this month COL (R) Jon Kissane, and his wife, Kathi, made a simple phone call to Project HOPE officials to inquire about serving as volunteers aboard the USNS *Mercy*, which is providing emergency medical services to victims of the December 26 tsunami. It is currently anchored off Banda Aceh, Indonesia, one of the hardest hit areas.

Just 17 days later, on February 22, Jon and Kathi flew from Dulles Airport to Singapore and transported to the USNS *Mercy*, where they will work for the next 30 days. Jon, a former Director of Logistics for the Surgeon General of the U.S. Army and an LMI employee since August 2004, will serve as the ship's operations officer. He anticipates that his primary responsibilities will be coordinating the missions and daily support for more than 90 doctors and nurses, both aboard the ship and ashore. Kathi, a registered nurse, will be providing a full range of patient care services as part of a medical team.

Jon is a member of our Health Systems Management group and currently assigned to the Fort Detrick, MD, office, where he is helping to upgrade the Department of Defense medical logistics standard system. He has a BS in biology from Norwich University and an MBA from Georgia State University. While serving as a Project Hope volunteer, Jon will remain a full-time employee, receiving his full salary and benefits. Kathi, a diabetes clinician at Frederick Memorial Hospital, Frederick, MD, is also a certified disaster nurse with the American Red Cross. She was among the many volunteers that responded to the 2003 and 2004 hurricanes in Florida.

Jon and Kathi live in Frederick. They have two children: Jessica Kissane Wyatt, a senior at Hood College, which is located in Frederick, majoring in social work, and Jon, Jr., who has completed 3 years of coursework at Norwich University in Northfield, VT.

70K9I - Health Facilities Planning

70K9I - Health Facilities Planning



COL Richard Bond
Consultant

Health Facility Planners provide Facility Life Cycle Management expertise for the Army Medical Department's (AMEDD's) fixed facilities and in deployed settings as part of Special Medical Augmentation Response Team-Health Systems (SMART-HS) missions. They are experts in the planning, programming, design, construction, transition, and sustainment of medical, dental, veterinary, research, and other health specialty facilities. They provide assistance in assessing and refining facility requirements for the AMEDD and other customers and then execute design and construction investments supporting the full spectrum of operations worldwide from peacetime healthcare support to war.

Health Facility Planners are Medical Logistics Officers (70K) who are awarded an additional skill identifier (ASI) of 9I based upon their unique skills, experience, and qualifications related to the disciplines of architecture, engineering, business solutions, or facilities management. To receive the 9I ASI, an officer must have one year of experience in health facilities planning plus a Masters degree in architecture, engineering, business administration, construction, logistics management, health facilities planning, or health care administration. Five years of cumulative experience in Health Facilities Planning positions may be substituted for the educational requirements. Entry-level opportunities are available for those officers who may not presently possess the requisite education or experience, but have a desire and strong ability to analyze and resolve

significant and complex acquisition and planning issues. Continental United States (CONUS) and overseas assignments are available in both TOE and TDA units. As 70Ks, Health Facility Planners also fill medical logistics positions, enhancing their experience base, career and education opportunities, and promotion potential.

Past Year's Successes

2004 was a year of great change in the AMEDD, and Health Facility Planners rose to meet many challenges, expected and unexpected, and made great strides in improving the AMEDD's ability to provide healthcare to our forces and family members in the United States and abroad.

We are an Army at War that is undergoing unprecedented change in both our organization, through transformation, and location, as part of Base Realignment and Closure (BRAC) and Modularity in the United States, and global restationing in both Europe and Asia. These actions dramatically increased our workload, changed the way we do business, and altered the way we approach a facility solution.

I, along with our leadership and customers, have been extremely impressed with how you all have stepped up to the challenges put before you and the solutions you've developed during these times of change, especially given the limited information and resources available. You have truly made great progress for which you should be rightfully

SMART-HS Mission in Iraq. Pictured (left-right): MAJ Keith Kizzie, CPT David Zajac, LTC Sharon Steele (AN), CW3 Chris Phillips (MS), and MAJ John Smith



proud. Without your hard work, we would not:

- be building a hospital in Afghanistan, which will break ground in December, and in Iraq, which should be funded in 2005;
 - have developed a solution to support Modularity and the associated medical requirements to support the redistribution of our forces in the United States;
 - have been able to provide solutions for the mobilization/demobilization healthcare situation, which had been challenging our healthcare system;
 - have developed a viable facility solution, Enhanced Use Lease (EUL), which uses a developer to design and construct facilities that we rent back, and promises great potential to provide facility solutions for both the Armed Forces Institute of Pathology and the Center for Health Promotion and Preventive Medicine;
 - be building the Military Amputee Training Center at Walter Reed Army Medical Center, which broke ground in November;
 - be looking towards the approval of the new \$1 billion US Army Medical Research Institute of Infectious Disease (USAMRIID), which could receive approval for funding this year;
 - be executing numerous Operation and Maintenance (O&M) projects, which received year end funding;
 - establishing and developing so many more projects and programs.
- All of that has been done above and beyond our day-to-day business of running the \$85 million Medical



Model of the Military Amputee Training Center at Walter Reed Army Medical Center

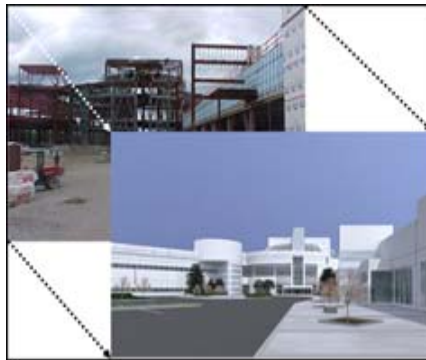


LTC Mike Olson and CPT Ross Davidson in Kuwait enroute to Iraq.

Military Construction (MILCON) and \$20 million O&M renewal program. During the past year, Health Facility Planners have participated in 18 SMART-HS missions in Iraq, Kuwait, Afghanistan, and Kenya, providing facilities expertise to directly support nation building actions and our forces deployed for Operation Iraqi Freedom and Operation Enduring Freedom. Noteworthy accomplishments include the efforts of LTC Mike Olson, MAJ John Smith, CPT Ross Davidson, CPT David Zajac, and CPT Bryan Walrath who worked in the Iraqi Coalition Provisional Authority assisting with the rebuilding of the Iraqi medical facility infrastructure. They left behind an executable plan for the reconstruction of the Iraqi medical infrastructure that will result in tangible progress in the restoration of that nation. By all measures, the Ministry of Health component of the Coalition Provisional Authority was considered one of the true success stories, and the contributions of the Health Facility Planners have been publicly acknowledged and recognized from Dr. Winkenwerder on down. Other SMART-HS missions to Iraq and Afghanistan supported by US Army Health Facility Planning Agency (USAHFP) team members on-site and from Falls Church have resulted in the development of Kosovo-like modular medical facility solutions to support the deployed forces in those areas. The successful award of the semi-permanent modular facility to support a Combat Support Hospital in Afghanistan, and the imminent award of a similar facility in Iraq, speak volumes about our ability to deploy

our peacetime mission into scenarios never imagined. Also, the accolades received from the Corps of Engineer team members in Iraq, Afghanistan, and Germany regarding the professionalism and previously unrecognized value added of the Health Facility Planning team make me proud to have a small role in what you do on a daily basis. Your actions will greatly enhance the level of healthcare provided and increase the quality of life, as deployed Soldiers move from Deployable Medical System shelters and Tent Extendable Modular and Personnel (TEMPER) tents into our semi-permanent facility solutions.

Our efforts on the TDA side have also produced numerous success stories. Great strides have been made at the Bassett Army Community Hospital at Fort Wainwright, Alaska. (pictured



above) The \$215 million replacement project remains ahead of schedule, in spite of the isolated location and difficult construction environment. The success of the project, as indicated by the Garrison Commander and others, is due to the partnership between the Contractor, the Corps of Engineers, and the on-site Health Facility Planning team. Facility dedications at Fort Sam Houston, Fort Jackson, Fort Bliss, Fort Campbell, Fort Riley, and the Joint Alternate Command Center at Site R add to the portfolio of successful projects managed by 70K9Is. Plans are being finalized for the \$100 million replacement of Dewitt Army Community Hospital at Fort Belvoir. Health Facility Planners continue their leadership of the critical recapitalization of the 121st General Hospital in Seoul, Korea, and with

many smaller projects around the peninsula; major construction efforts underway at Darnall Army Community Hospital, at Fort Hood, Texas; and at Walter Reed Army Medical Center – the Flagship of the AMEDD. These are just a few of the significant actions undertaken by Health Facility Planners throughout the year. In addition to management of the design and construction of specific projects, Health Facility Planners are envisioning and creating the future infrastructure of the Army Medical Department. We are defining new building types and developing unique capital investment strategies. 70K9Is have been preparing to shape the healthcare delivery landscape in support of proposed restationing actions in Korea and Europe and in support of the BRAC initiative in CONUS. Recapitalization plans for the AMEDD's medical research infrastructure, from Thailand to Fort Detrick, are actively under way and we are decisively engaged in every action. Numerous actions are ongoing, enhancing our existing facilities and constructing new facilities to provide additional clinical capabilities worldwide for our deployed forces and beneficiary population at home station.

Unique Positions

The 70K9I Area of Concentration (AOC) is unique in that there is no other position in the Army that allows



CW3 Chris Phillips, assigned to the HFPFA en route to Iraq.

Charles C. Carson Center for Mortuary Affairs.



a young officer to have the level of responsibility the Army provides through supporting the full spectrum of operations in places like Iraq, Afghanistan, Kuwait, Kosovo, and throughout CONUS, with project design and construction and facilities management. Currently, a Captain or Major runs each of the Health Facility Project Offices in Korea, Germany, Alaska, Fort Hood, and Walter Reed managing the AMEDD's largest facility capital improvement projects. These positions require a level of responsibility normally assigned to a Colonel or Lieutenant Colonel based on the scope and cost of the project. The 121st General Hospital project in Seoul, Korea is a complex 5-year, \$80 million addition/alteration. In Germany, planning is underway for a \$13 million Grafenwoehr clinic and a \$44 million Vicenza facility. At Fort Hood, there are nearly \$30 million worth of projects under construction or in design. The new Bassett Army Community Hospital, Ft. Wainwright, Alaska, a six-year \$215 million project, continues forward. Next year, a new project office will stand up at Fort Belvoir to support the \$100 million hospital replacement project. Planning is also underway for a new Project Office at Fort Detrick to support the expected \$1 billion USAMRIID replacement, in conjunction with the Biodefense Campus being built there. This critical national program was the direct result of the planning efforts, vision, and leadership of the Health Facility Planning Agency – in close coordination with the National

Institute of Health and the Department of Homeland Security.

Challenges for the Future

The biggest challenge continues to be recruitment and retention of qualified officers for this important ASI. As an ASI, the 9I career field is managed within the 70K AOC rather than as a separate AOC. This limits our ability to directly assess new officers and fully manage assignment opportunities. To help overcome this challenge, I work very closely with the 70K Consultant, Colonel Michael Johnson, to ensure our Health Facility Planners career develop through a variety of both logistics and health facility planner jobs to ensure they have the appropriate skill sets for both functional areas. As a result, our officers continue to remain highly competitive as logistics officers while ensuring the continued availability of their unique skills for health facilities related positions. We continue to have great success with our promotion rates and are consistently able to send deserving officers to Long Term Health Education Training (LTHET) programs that provide incredible professional development opportunities both for the officers and AOC. Efforts are underway to improve recruitment and marketing so that officers on active duty with the requisite education or experience are aware of the opportunities within this career field. Please help spread the word regarding the great opportunities that exist. Interested individuals should contact me, the Health Facility Planning Consultant/US Army Health Facility Planning Agency Commander.

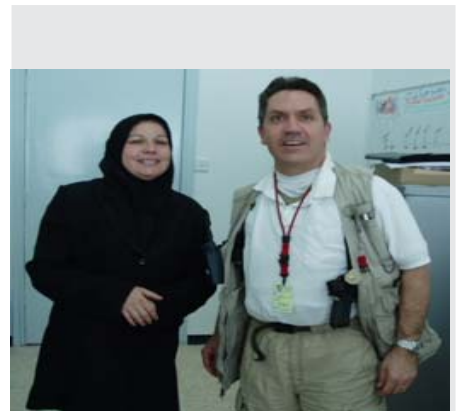
Benefits of Becoming a 70K9I

The two greatest attractions for joining and remaining in the Health Facilities Planning field are the higher levels of responsibility available to our officers and the opportunity to participate in the creation of tangible improvements for the Army and AMEDD. From the professional development perspective, there are unprecedented educational opportunities at both the Master's and Doctorate level in a variety of related

disciplines (architecture, engineering, construction management, and acquisition). These educational opportunities also provide the Army the deployable talent it needs to successfully represent the Army's interests with a myriad of agencies, both governmental and private, throughout the entire life cycle of a facility. There are four 70K9I officers currently in LTHET programs, which include one officer in a PhD program and three officers in Masters Programs. Next summer, three more 70K9Is will begin their graduate programs, including one PhD and two Masters starts.

Health Facility Planning officers provide tremendous value from very few authorizations throughout the AMEDD, both in logistics and health facilities planning. Their daily management of \$8.75 billion in infrastructure, coupled with the integration of their technical expertise into the full spectrum of operations makes them an invaluable asset with a bright future.

Thank you for all that you do. Your dedication, professionalism, and hard work have made all of this happen. You are truly providing tangible, lasting value added to the AMEDD's global mission.



Iraqi Engineer Amna, equivalent to our 70K9I, with LTC Scott Svabek.

67J - Aeromedical Evacuation

67J - Aeromedical Evacuation



COL Scott Heintz
Consultant

As our Nation remains engaged in this war on terrorism, the young men and women of DUSTOFF continue to serve bravely and honorably, each committed to the mission of saving the lives of the wounded Soldier. Each and every one of you has the utmost respect of your comrades and your Nation. God Bless all of you for the sacrifices you've made and all that you've done and continue to do.

The Aviation Task Force has been a topic of much discussion. I want to reinforce one very critical point and hopefully dispel any number of rumors that may be floating around out there. First and foremost, regardless of what anyone has heard, the AMEDD has retained proponency for aeromedical evacuation and 67Js WILL NOT CONVERT TO 15-SERIES!!! Aviation branch does not "own" MEDEVAC nor did the AMEDD "give it away." The Army leadership directed that a shared proponency would exist, however, within that proponency; the AMEDD retains control over every aspect of the DTLOMSPF to include command of the Air Ambulance units. If someone tells you otherwise they are either ill-informed or on a disinformation campaign – set them straight or refer them to me.

The Aviation Focus Task Force continues to work toward its charter of aviation transformation to support the modular concepts of the Army's Unit of Action and Unit of Employment. The Army G-3 has directed that Air Ambulance Companies will become organic to the Aviation Unit's of Action and reside within the General Support Aviation Battalions (GSAB). In terms of how our units have employed

during OIF and OEF, this is not a significant change. What is a significant change is that as a result of the restructuring, our MEDEVAC units may stand to lose the proud lineage built from the sweat and blood of our DUSTOFF forefathers. While the history of the Air Ambulance units would be absorbed by the gaining battalion, the new "Charlie Company" (MEDEVAC), would assume the history of the new aviation battalion. Fortunately this issue is not unique to MEDEVAC and a significant number of Army units face the same dilemma and feel as strongly about losing their respective heritage as we do ours. We, along with other affected Army units, have approached the Center for Military History about a solution to this problem. More to follow.

The first unit scheduled to convert to the new 12-ship, 85 - man structure was the 57th from FT Bragg but because of operational commitments, the new conversion is now pushed to fall of 2006. The next units scheduled to convert are the 50th from Ft Campbell and the 54th from FT Lewis (September 2006). This and several other proposals would entail relocation of air ambulance units from their current locations to align with their new, parent UEx or UEy. However, according to the Aviation Transformation Execution plan, no units will convert until the Aviation branch provides an executable concept plan that will address how the General Support Aviation Battalion will support not only the requirements of simultaneous and multiple MEDEVAC deployments, but those of the other aviation units it is tasked to support. The conversion plan is also affected by a multitude of other actions to include operational deployments in support of OIF/OEF, installation MEDEVAC support plans, other Army-directed missions and the UH60 RESET plan. More to follow.

In terms of career opportunities for 67Js not much will change from 2LT to Major. In fact, additional 67J positions within the aviation brigade and the UEx and UEy are being created to facilitate the critical linkage and integration of MEDEVAC

with the combat healthcare system. As previously stated, the Air Ambulance companies will continue to be commanded by 04 67Js. This decision was mutually derived by the AMEDD and Aviation branch to ensure the Air Ambulance commander possesses the appropriate level of medical expertise to execute the evacuation portion of the total combat healthcare continuum. The forward support MEDEVAC teams (FSMT) will now be called Air Ambulance Platoons and will have an 03 67J as the platoon leader with an additional 02 67J in each Air Ambulance Platoon. Every AAR we've looked at from OEF and OIF has identified the requirement for an LNO. The additional LT will facilitate this requirement. A more detailed explanation of the new structure can be found at the 67J web page on AKO (where LTC Fristoe does a wonderful job of keeping information up to date and relevant). Feel free to drop me a line as well at heintzs@socom.mil and I'll be glad to share the latest information in this forever evolving process.

While no official determination has been made, we do not expect Evacuation Battalions (nor any other "functional" battalions) will be a part of the transformed Army and that our command and control structure may resemble what existed prior to 1993, i.e. multi-functional medical battalions similar to the 326th and the 34th Med BNs. The AMEDD Center and School is fully engaged in shaping the entire AMEDD, to include command and control organizations and functions. As 67Js we will compete, along with the other Medical Service Corps AOCs, for these new commands as well as the training and recruiting battalions for which we currently



compete. I also expect that our officers will be sought after (as they are now) to fill critical staff positions within the GSAB and the aviation brigades. I also foresee a time in the future that command of the GSAB will also be an opportunity for 67Js. Per the Army G3, we are not currently eligible to compete for command of the GSAB. Success, in terms of the relationship between command and promotion is relatively and clearly defined today: as a 67J, you need to successfully command an Air Ambulance company to be considered for promotion to LTC; as a 67J, with very few exceptions, you have to have commanded, successfully, at the battalion level to be considered for promotion to COL. Within the transformed Army the definition of "success" and those positions that correlate to success as we know them today is expected to change. Critical staff positions at the LTC and COL level may be filled by officers selected by boards similar to today's command selection boards. Bottom line: career opportunities for 67Js will continue to be plentiful and while the net percentage of command opportunities at the LTC and COL level may decrease, the number of 67Js competitive for and eventually selected for promotion to LTC and COL will remain the same.

As I prepare for retirement I want to earnestly thank you for making my time as your Consultant so very rewarding. I also want to thank you for your dedicated service to our great Nation. You will be in the very capable hands of LTC(P) David MacDonald who will serve as your next Consultant. Again, God Bless all of you and especially our young heroes in harm's way. As always, fly safe and take care of one another.

LTG Ellis D. Parker Aviation Award

The LTG Ellis D. Parker award recognizes excellence in aviation units based on achievements in the areas of leadership, safety, training, and maintenance. LTG (R) Ellis D. Parker was the first Commanding General of the Army Aviation branch. He served as the Aviation branch chief and school commandant for five and one-half years. When he retired in 1992, the Army Chief of Staff, General Gordon R. Sullivan directed the creation of the award to honor the top aviation battalions in the U.S. Army Aviation units throughout the Army, both active and reserve, compete for the Parker Award in four categories: Combat, Combat Support, Combat Service Support and TDA unit award. Battalions are nominated by their brigade commanders based on battalion evaluation packets submitted each October. The brigade commanders then forward their selections for the best units in each category to the first general officer in their chain of command.



The general officer endorses the best battalions in each category and forwards the names to their respective major commands (MACOM). The MACOM, in turn, selects their representative in each category and forwards that name to the Department of the Army evaluation board. The Board considers all submissions and selects the best unit in each category. The 421st Medical Evacuation Battalion from Wiesbaden, Germany, was selected as the top battalion in the Combat Service Support Category. The "DUSTOFF Europe" battalion belongs to V Corps' 30th Medical Brigade and has deployed its companies in support of Operation Joint Guardian in Kosovo, Operation

Enduring Freedom in Afghanistan and Kuwait and Operation Iraqi Freedom in Kuwait and Iraq.

In separate memos addressed to the commanders of the winning aviation units, Brig. Gen. E.J. Sinclair, the commanding general of the U.S. Army Aviation Center and Fort Rucker, stated that on behalf of the entire Army aviation community, "we are very proud of your Soldiers for achieving this significant distinction." The Aviation Branch shares your pride in your accomplishments and looks forward to serving with you in support of our Army and our nation, Sinclair stated.

The trophy is kept on display at the U.S. Army Aviation Museum at Fort Rucker. A half-size replica of the Parker Award is given to the winning unit each year, and a plaque is given to each runner-up. A formal presentation to recognize the overall winner and the four category winners was held on Jan. 28 during the Lt. Gen. Ellis D. Parker Award Luncheon at the 2004 Aviation Conference at Fort Rucker.

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670A-Health Services Maintenance Technician

670A-Health Services Maintenance Technician



CW4 Curtis Randolph
Consultant

A Warrant Officer – “An officer appointed by warrant by the Secretary of the Army, based on sound technical and tactical competence. The Warrant Officer is the highly specialized expert and trainer who, by gaining progressive levels of expertise and leadership, operates, maintains, administers, and manages the Army’s equipment, support activities, or technical systems for an entire career.” – General Wickam, Chief of Staff of the Army, 24 June 85.

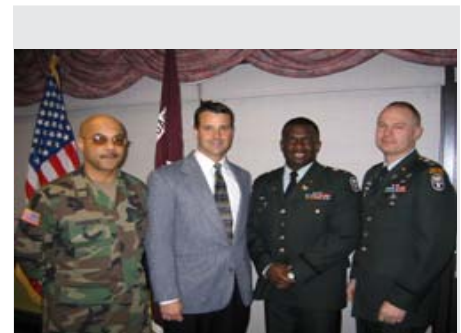
Almost two decades after GEN Wickam made this statement, the Army Medical Department’s (AMEDD) Warrant Officers’ expertise is as relevant today, with the Army at war, as it was then, with the Army at peace. This year has been quite a challenge for the Health Services Maintenance Technician (670A) community. The AMEDD has come to expect exceptional medical equipment maintenance support in the Balkans. While supporting Stabilization Forces (SFOR) and Kosovo Forces (KFOR), the medical maintenance processes have been refined to a point of routine expectations with our customers, the clinicians. Medical Maintenance support to Operation Enduring Freedom and Operation Iraqi Freedom starts in the AMEDD TDAs, our training base. There has been blending of the traditional TDA and TOE medical equipment maintenance roles and missions. This is the new norm. While there is some parochialism, the AMEDD maintenance officer is providing training and assisting units with remedial repairs in preparation for

deployment. We are providing Professional Officer Fillers (PROFIS) personnel from the medical treatment facilities (MTF), and trying to bridge the gap left by the deploying AMEDD maintenance officer. Army Prepositioned Stocks (APS), containing two combat support hospitals and one field hospital, underwent significant maintenance cycles led by the US Army Medical Materiel Agency (USAMMA). The execution of these maintenance cycles was conducted with medical equipment repairers (MERs), from various US Army Medical Command (MEDCOM), MTFs. The results are fully mission capable hospital units, ready for deployment. This support to the Warfighter continued in the midst of preparing and passing Joint Commission on the Accreditation of Healthcare Organizations, College of American Pathologists, Federal Drug Administration, Occupational Safety and Health Administration, and other regulatory agency standards. This year was a record Capital Equipment Expense Program (CEEP), and Medical Care Support Equipment (MEDCASE), acquisition cycle. The implementation of the MEDCOM Model, that combines Property and Maintenance, easily absorbed the increased workload.

The initiatives to improve the maintenance community continues as part of the the Army Transformation. On 1 October 2004, the Army changed from the 4 level maintenance methodology to the 2 level maintenance (TLM), methodology of Field and Sustainment. The regulations and support structure have changed, but training continues to evolve with the Army Transformation. The Army continues to develop the enterprise wide, Global Combat Service Support Army (GCSS-A), which will combine all software within the tactical level to include Unit Level Logistics System-Ground (ULLS-G). This is now the AMEDD’s TOE maintenance management system. The 16th Medical Logistics Management Center (MLMC), partnered with USAMMA to field and train Unit Level Logistics System-Ground (ULLS-G)

users. This system when fully implemented will give the medical maintenance community a common operating maintenance management platform, not the stovepipe system of the past. The US Army Medical Materiel Center- Southwest Asia (USAMMC-SWA) developed maintenance contact teams (MCT), that assisted units with ULLS-G system setup and database configuration within the Theater. These MCTs also provided medical equipment maintenance services to units in Kuwait, Qatar, Afghanistan, Oman, and Diego Garcia. The USAMMA’s three maintenance divisions are implementing the ARSAM maintenance software, which will be fully integrated into our maintenance management platform. USAMMA divisions are also executing the AMEDD Integrated Sustainment Maintenance program. This program provides regionally based TOE one-stop medical equipment maintenance, with medical equipment status available to the Major Commands. The benefits of these initiatives are being demonstrated by increased unit readiness.

The 226 Medical Logistics Battalion (MLB) is on the ground in Iraq. The maintenance services performed range from field to sustainment (TLM). The unit has sent maintainers forward to units without organic maintenance capability. The 226 MLB coordinated maintenance services, maintained repair part inventory, and provided training for Soldiers in the entire area of operations. The medical maintenance services performed in



WO1 Muhammed, 2nd from right, getting promoted to CW2.

the level three MTFs or forward in the divisions are keeping the Warfighter alive, regardless if they are Soldiers, Sailors, Airman, Marines, Contractors or Civilians. As one veteran proudly stated, "Medical maintenance matters, if you are the patient."

The medical maintenance community accomplishments continued as the US Army Medical Materiel Center, Europe (USAMMCE), built a large stock of medical equipment repair parts within the Class VIII account. A sustained period of peacetime and credit-cards have produced a generation of supply personnel who have not managed medical equipment repair part supplies. USAMMA and USAMMCE are increasing medical equipment repair parts within the Class VIII accounts, culminating in a train as you fight methodology. The Army now emphasizes the use of Maintenance Accounting Requirements Criteria, focusing on

Combat man-hour data as the primary source of determining maintenance personnel requirements. This critical function is managed within the National Maintenance Point, USAMMA and produces our TOE personnel requirements. Also this year, 670As changed their insignias from the Rising Eagle crest to the Medical Service Corps crest on 9 July 2004. Talk about a time of change, this is the Army's attempt at integrating the branch officer and the warrant officer community, for better unit readiness.

Congratulations to CW2 Robert Linne. CW2 Robert Linne received the Chief, Medical Service Corps Award Of Excellence in the Health Services Maintenance Technician category. CW2 Linne spent Junior Officer Week in Washington, DC, observing the inner workings of the Department of Defense, as well as spending time with the Medical Service Corps Chief.

CW3s John Petersen and Chris Philips deployed as members of The Surgeon General's Special Medical Augmentation Response Team-Health Service (SMART-HS) to assess the Iraqi healthcare system from a medical equipment planner's point of view. CW3 Petersen also received the Order of Military Medical Merit (O2M3). CW4 Curtis W. Randolph was selected by The Surgeon General to serve as his Health Services Maintenance Consultant. The 670A, Health Service Maintenance Technician, is a vital component of medical logistics and the Military Healthcare System. These skilled Soldiers serve in diversified assignments worldwide. Ten Medical Maintenance Officers led medical equipment repairers into combat. Their technical expertise is one of the core competencies of healthcare logistics. Clearly, we have demonstrated that we are a relevant and ready element of the Army Medical Department. Do you have

Message from the Chief, MSC

July 9, 2004

Congratulations! The Medical Service Corps is proud to recognize you on the Army Warrant Officer Corps's 86th anniversary. Since 1918, Army Warrant Officers have proudly served our Country making tremendous contributions to the Army and, more importantly, for our Soldiers. Amidst our Nation's largest mobilization and deployment since World War II, Army Medical Department (AMEDD) Warrant Officers have been an integral part of the AMEDD's ability to support the ongoing Global War on Terrorism as well as ensure the highest quality of healthcare to Soldiers, their families and other beneficiaries.

Furthermore, welcome to the ranks of those officers who are proud to wear the Medical Service Corps insignia! While AMEDD Warrant Officers have always been key members of the Medical Service Corps, we happily recognize you as you replace the traditional Warrant Officer Rising Eagle insignia with that of the Medical Service Corps's Silver Caduceus. We know that you will continue the distinguished legacy of significant contributions that began in 1942 when the Army expanded Warrant Officer specialties to include health services specialties. Indeed, your modern-day accomplishments can be seen literally all over the world. In the combat zones of Iraq and Afghanistan, AMEDD Warrant Officers have been directly involved in saving the lives of countless Soldiers. In forward deployed locations such as Korea, Bosnia, and Germany, AMEDD Warrant Officers are providing outstanding health services maintenance support though challenged daily maintaining medical equipment and researching innovative ways improve the Army's health services equipment. Your commitment to our Nation's and Army's values is both honorable and appreciated. We are proud to serve along side each of you and openly welcome the Army's ongoing efforts to more fully integrate Warrant Officers into the larger officer corps. Again, Happy Birthday and congratulations on this significant milestone in your illustrious history!



MSC 87th Birthday Celebration



BG Baxter along with senior, junior and retired MSCs celebrate the MSC Birthday in Blesse Auditorium at the AMEDD Center and School.



COL Heath and CPT Leveridge serve the MSC Birthday cake at the Office of the Surgeon General celebration.



COL Sam Franco (l) and CW3 Timothy Tatum "oldest" and "newest" MSCs cut the MSC Birthday cake at Fort Gordon.



Bottom Deployed MSCs gather at LSA Anaconda to celebrate our MSC 87th Birthday. COL Chuck Hightower and 2LT Aimee Ruscio cut the cake. (r) MSCs from all commands at Fort Lewis and the Medical Support Squadron Commander from McCord Air Force Base celebrate our birthday with their families at American Lake.



BG Ursone and 1LT Drummer cut the MSC Birthday cake during a celebration held at Walter Reed Army Medical Center.



COL Rex Allen and MAJ John Davenport cut the MSC Birthday cake at Human Resources Command.



COL Jeffrey Haun and 2LT Kimberly Alston cut the MSC Birthday cake at Fort Benning.



MSC Contributions

MSC Officer Represents the U.S. Army at the 2004 Olympic Games in Athens

Captain Anita Allen, 26, of Star City, Indiana and a 70B, defied all odds by finishing 18th in women's modern pentathlon Aug. 27 in the 2004 Summer Olympic Games at Goudi Olympic Complex.

Allen, a member of the U.S. Army World Class Athlete Program at Fort Carson, Colo., accomplished the feat despite undergoing left ankle surgery last November without having needed time to properly rehabilitate. She also missed nearly a year of healthy training for the Olympics before and after the operation.

The highlight of her five-sport performance was a flawless, first-place ride aboard Dino in the equestrian show-jumping event. "My ride, gosh, I couldn't have asked for anything better," said Allen, 26, of Star City, Ind. "I did something well today, and just for a moment it felt really good."

Perhaps nobody had more reason to smile than Allen, who finished 18th with 4,996 points. "How could I not be



happy?" she asked. "I'm at the Olympics. This was the best opportunity in the world. The whole experience was very encouraging and positive. Everyone has been so friendly and so incredible – just the support I've gotten from friends and family and Soldiers. It's really made my day when I get e-mails from people I don't even know wishing me well, and people in the crowd saying, 'Captain Allen, great

job. Go! Go! Go!' It's amazing how small the world can be."

Allen's feeling of accomplishment, however, was one long day in the making. She opened with a 22nd-place finish in 10-meter air pistol shooting and followed with 12 victories and 19 defeats in epee one-touch fencing, good for 26th place in the 32-woman field.

"Believe it or not, that was OK for me," she said. "Take my years' experience times three and you probably have the youngest one out there, so I was very happy with the fence."

What's the No. 1 thing Allen will take from the Olympic experience?

"That if I put my mind to something that I'm going to do it, I'm going to do it," she replied. "And to believe in yourself – if you have that dream, to go for it, and hopefully people will believe in you."

(Story and photos by Tim Hipps, U.S. Army Community and Family Support Center.)

MSC on Winning Armed Forces Volleyball Team

CPT Trang Nguyen, *(bottom row, center)* was part of the All Army Women's Volleyball Team with the Army team taking home Gold in the women's competition 20-27 May 2004 at Fort Lewis Washington. The All-Army women's team went undefeated in the round-robin tournament against the best their fellow service members had to offer.



CPT Nguyen is the S-3 for the Troop Command at Tripler Army Medical Center, Hawaii.

CPT Nguyen was also selected to represent the U.S. as a member of the women's volleyball team that won the Bronze at the CISM tournament held in Kingston, Canada 11-20 June 2004

MSC Recognized by The Surgeon General



CPT Heather Anderson of the Wuerzburg MEDDAC was recognized during a visit by The Surgeon General (at the time) LTG James B. Peake for simultaneously performing 5 separate staff positions in an exceptional manner. As the 67th CSH Rear S-2/3/4 she executed all staff actions personally, to include all clearances, TDYs and supply actions. She also managed the transportation plan for 300 soldiers deploying to Iraq. As the CSH's Rear S-4 /budget manager she executed, tracked and shipped to

Iraq, \$180K worth of GWOT supplies and equipment in a thirty day time period because of a short deployment timeline. As the WMEDDAC Logistics Operations Officer she spearheaded all logistical requirements for the opening of the hospital's Victory Ward; a ward dedicated to caring for OIF/OEF patients. CPT Anderson is a knowledgeable, hard-working officer who exhibits the epitome of commitment and motivation.

MSC Contributions

MSC Officer Fought Brain Tumor to Deploy, Rejoin Troops

When 2nd Brigade Combat Team found out it would be deploying in support of Operation Iraqi Freedom, Capt. Steven Richter, commander of Company C, 225th Forward Support Battalion went through the Soldier Readiness Processing Center like everyone else.

The audiologist noticed a great difference between the hearing in his right ear compared with the hearing in his left ear, so she ordered him to get an MRI at Tripler Army Medical Center.

He thought to himself, there could not possibly be a problem; he had just run the Honolulu Marathon Dec. 14, 2003. He had no headaches, no loss of balance, no slurring of speech, just slight hearing loss. After a second MRI, the doctors broke the bad news. Richter had a brain tumor. It was called an Acoustic Neuroma and many times people die without knowing they have it.

How could this be happening? He asked himself. He had just completed his second Honolulu Marathon and was gearing up to deploy with his company. Several



weeks passed before the decision and date were set for surgery. Richter was taken out of command, his company deployed without him, but he told them, "I will be back." On Feb. 20, 2004 Richter was taken to Tripler for surgery. The doctors cut a golf ball sized hole in the left side of his head, directly behind the ear. Once the hole was cut, surgeons shifted his brain to reveal the tumor which was growing among the facial and hearing nerves. During the 17-hour surgery, Richter lost the hearing in his left ear but, the doctors were able to preserve his facial nerve. The hours and days following surgery were grueling.

Richter also suffered two bedsores, the smaller on his right thigh, and the larger, more serious one, under his right arm. The second bed sore was muscle to bone deep.

After eight days in intensive care, he was allowed to return home. By day 11, he lost all muscle function on the left side of his face. He was unable to open his mouth, blink his eye or move his nose, for weeks and had to add eye drops to, and wear, a patch over his left eye.

Richter took long walks to get his endurance back and to help break-up the mass that was in his leg due to the bed sore. Within three months of surgery, Richter was running two miles in 13 minutes, doing push-ups and working on sit-ups.

In June, he scored more than 300 points on the Army Physical Fitness Test before deploying to Afghanistan for a month.

In September, Richter went to Iraq and reassumed command of Co. C and let everyone know, "the miracle has happened." *By Capt. Julia Bell
599th Transportation Group, SDDC SWA (FWD).*

There's More to the Story

Compassion in Action...

When C Company, 225th Forward Support Battalion found themselves in need of a Company Commander for the upcoming deployment in support of Operation Iraqi Freedom, CPT Neil Nelson had the courage, compassion and competence to fill the hole. CPT Nelson, a 70H, had recently completed a challenging 18 month command of C Company, 325 Forward Support Battalion, the other medical company in the 25th Infantry Division. After leaving command, he

planned to PCS. Then he found out about CPT Richter's condition and he volunteered to step up, take command and lead the unit to Iraq. When CPT Richter returned to his unit in September 2004, CPT Nelson passed the guidon back to him and respectfully stepped aside. CPT Nelson is another great example of a MSC not only living out our Vision, but also our Values of Courage, Competence and Compassion.



Assistant Corps Chief for Medical Allied Sciences



COL James Romano
*Assistant Corps Chief for
Medical Allied Sciences*

As you can see from the reports of the individual AOCs that follow, this past year has been extremely busy, but also extremely rewarding to the officers of MFA 71. The high skill level and technical focus of these Army officers can mislead an outsider. These officers focus on technological solutions for the Soldier. Their scientific, technical, and clinical efforts, whether they are in providing field laboratory services, blood products, psychological and toxicological research, infectious disease clinical lab support or research, are all designed to support and protect our deploying Armed Forces or their families. Because our forces have been moving swiftly through hostile environments and missions, so have our laboratory officers. Examples range from assignments to Combat Support Hospitals, Field Hospitals, and Blood Support Detachments, to Area Medical Laboratories and Mental Health Advisory Teams.

Those MFA 71 Officers who did not deploy in this past year were no less engaged in the GWOT. The 71 series officer has a proven record of being adaptable and successful in both technological as well as administrative positions. This resiliency makes the 71 series officer extremely valuable to Commanders, giving them the flexibility to have a single officer serve as both a subject matter expert as well as a supervisor, manager, or staff officer. Contributions of these officers range from managing clinical laboratories in CONUS based fixed facilities that provide timely and accurate laboratory support for returning soldiers as well as their dependents to performing and supervising the research conducted at our cutting edge medical research laboratories. Our officers also serve as Commanders of the U.S. Army Forensic Drug Testing Laboratories, managing the Clinical Investigation Directorates at our major medical centers that assist physician residents completing their professional education and serve as staff officers throughout the Medical Command, Army, and the Joint Staff. From the drugs found in the formularies of our deployed pharmacies, to the rucksack a soldier carries on his back, to the training and equipment provided to his unit's field medic to the decontamination and medical countermeasures found in his mask carrier, our deployed forces can attribute their medical well being and protection to the efforts of a 71 series officer.

Our young officers represent the finest this Nation has to offer – patriotic to the core, deploying to hostile environments – yet highly skilled by any technical standard by which they could be assessed. As you will see as you read the individual AOC reports, our young officers are recognized by their scientific societies, or published in the Nation's best scientific journals, attesting to their high level of technical accomplishment. Yet they compete successfully for Battalion and Company Command, as well as Acquisition PM Command-equivalent positions.

Finally, senior officers in the MFA command four of the US Army Medical Research and Materiel Command Laboratories whose missions include development of medical countermeasures to BW threat agents, to CW agents, the demands on human physiology of warfighting in extreme heat, cold or altitude (and how to more effectively meet those demands), and development of sensors to monitor potential areas of deployment or behavior. Collectively these programs are designed to preserve and enhance the full fighting strength.

Our MFA continues to draw officers from the nation's finest universities and research programs. Service in the Army excites and rewards them. Effective leadership provides the framework for keeping this flame alive throughout the course of their service.

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71A - Microbiology, Parasitology, Immunology

71A - Microbiology, Parasitology, Immunology



COL David Craft
Consultant

Last year was a “year of firsts” for Army Microbiologists (71As) as more than 10% of all active duty 71As were deployed in support of Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF). This year has built on the successes of those experiences with a transition to sustainment in supporting our deployed Soldiers both in the field and at home. We are uniquely challenged to sustain during a historic, real time transformation of our Army. The simultaneous transformation of the Army Medical Department requires not only our subject matter expertise and unique military relevance, but challenges us to develop the scientific leadership to support this unparalleled transformation.

In the midst of transformation, the diversity of our mission has not changed. Our area of concentration (AOC) provides subject matter expertise ready to deploy, advise or implement military relevant scientific and acquisition expertise in support of: (1) patient care diagnostics and consultation, (2) detection and confirmation of biological warfare / endemic disease, (3) inspection and consultation related to weapons of mass destruction, and (4) technical oversight and resource management of microbiological research in the Army. An exciting new initiative was the selection of a Reserve 71A to serve as MSC Consultant to Reserve Microbiologists. His name is LTC Frank Niagro, and he currently works at the University of Georgia. In the Medical Research and Materiel Command (MRMC), where over half of the Army's Microbiologist are assigned, our leadership in science is

multifaceted. With a 71A in command, this has been a year of change and reorganization at the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) at Fort Detrick, MD. As the Department of Defense's (DoD's) lead laboratory for development of medical counter measures against biological threats, the Institute is a member of the newly organized National Interagency Biodefense Campus (NIBC) at Fort Detrick, consisting of USAMRIID, the National Institute of Allergy and Infectious Diseases (NIAID), the National Cancer Institute (NCI), the Department of Homeland Security, and the Department of Agriculture. The NIBC partners are creating a collaborative environment to enhance the development of biodefense products and short development times. USAMRIID is also aggressively pursuing re-capitalization of USAMRIID's aging infrastructure. Key projects for Microbiologists assigned at USAMRIID include the development of vaccines, therapeutics, and diagnostics against bacterial and viral threat agents to include the Biosafety Level 4 (BSL-4) filoviruses (Marburg and Ebola) and arboviruses (Western Equine Encephalitis, Eastern Equine Encephalitis, Venezuelan Equine Encephalitis). One unique vaccine protocol is pursuing alternate delivery systems for Deoxyribonucleic Acid (DNA) vaccines. Another demonstrates how mutations in Ebola DNA vaccines affect immunogenicity and protection. In addition, an assay that measures Ebola viral release has been developed and studies are just beginning to screen a large drug library for its ability to inhibit viral egress. Microbiologists are also engineering high quality antibodies against biological threat agents for optimal use in immunoassay platforms. These efforts include anti-botulinum and anti-Marburg virus Immunoglobulin M antibodies as whole human Immunoglobulin G1 antibodies for therapeutic utilization and diagnostic agents. Microbiologists at the Walter Reed Army Institute of Research (WRAIR) in Forest Glen, MD continue to lead

the world in the pathogenesis, therapy, and vaccine development for malaria and other tropical diseases. Approaches include both genomic and proteomic analysis in support of the molecular understanding of the *Plasmodium* species. Therapeutic approaches include several characterized anti-malarials along with actively screening hundreds of compounds for potential anti-malarial activity. Viral studies include vaccine development, T-cell activation and memory, and the development of diagnostic assays to support Dengue virus vaccine trials. An exciting addition to the Institute is x-ray crystallography in support of modeling anti-malarial compounds and understanding botulinum toxin activity.

The WRAIR supports the only College of American Pathologists accredited Leishmania Diagnostic Laboratory (LDL) in the world. This year, the LDL has processed and reported over 1600 Leishmania patient samples from DoD constituents worldwide. The laboratory supports diagnostic testing for patients and helps to coordinate clinical treatment for patients enrolled in Food and Drug Administration (FDA) approved therapeutic protocols. Microbiologists at the WRAIR Retrovirology Laboratory provide state of the art clinical laboratory support for HIV testing in the Army and manage the research into the pathogenesis, therapy, and clinical trials of HIV vaccine development.



COL Erik Henschel, Commander, U.S. Army Research Institute of Infectious Disease, takes Secretary of Health and Human Services, Tommy Thompson on a tour of his facility.

These studies include the good manufacturing processes to test the identity, purity, potency, and stability of HIV in accordance with rigorous FDA guidelines. They also are involved in studies of the prevalence and epidemiology of HIV in third world countries. As is true for all 71As assigned to MPMC, the publication of numerous peer reviewed manuscripts and presentations at international scientific meetings validate the scientific leadership of uniformed Microbiologists. We continue to lead the world in support of clinical trials for therapeutic intervention of malaria and HIV in remote sites and at our overseas MPMC laboratories in Thailand and Kenya.

An interesting new WRAIR initiative requires an international project manager to liaison with the Defense Threat Reduction Agency (DTRA) at international workshops for Georgian, Kazakh, and Uzbek scientists, physicians, veterinarians, and public health officers. These initiatives seek to enhance biosafety through building state-of-the-art Biosafety Level (BSL)-2 and BSL-3 laboratories and to design an integrated human and veterinary disease surveillance system in Central Asia. At the Armed Forces Radiobiology Research Institute (AFRRI) in Bethesda, MD, Microbiologists are developing treatments and countermeasures against the lethal effects of combined radiation and bacterial pathogens (including *Bacillus anthracis*) of military importance as well as post irradiation sepsis.

Clinical Microbiologists assigned to US Army Medical Command military treatment facilities (MTFs) continue to excel. Building upon the success of Army Microbiologists completing Long-Term Health Education and Training (LTHET) opportunities for American Academy of Microbiology certified training in public health and medical microbiology, officers assigned to medical centers (MEDCENs) continue to provide patient care at the highest level of expertise. These fellowships bridge the patient care gap from the laboratory to the bedside and allow for board certification equivalency to a physician in the laboratory. Of

particular note this year is the therapeutic impact of the clinical microbiology laboratory on the treatment of multi-drug resistant bacterial infections in our OIF and OEF Soldiers/patients returning from theater. Of note, the overwhelming clinical success of our deployed microbiology augmentation has driven the Army Medical Department (AMEDD) to ask the combat developer at the AMEDD Center and School to place clinical microbiology diagnostic tests as organic to deployed level three MTFs. As always, MEDCEN Microbiologists continue to make significant contributions to training AMEDD medical students, interns, residents, and fellows during their post-graduate education.

Post-graduate training starts selected and approved by LTHET boards continue to be a benchmark in ensuring a world-class technical expertise. Aside from the aforementioned clinical fellowships, we have received approval from Medical Service Corps Career Activities in Human Resources Command (HRCOM) to train three Masters of Science level Microbiologists to the doctoral level beginning in academic year 05-06.

Those skills will be technology transferred to the research institutes during the utilization tour following the award of the PhD. This pipeline provides the AMEDD with an interface to academia and industry in conserving the fighting strength. With the deactivation of the 520th Theater Army Medical Laboratory and simultaneous activation of the 1st and 9th Area Medical Laboratories (AML), Microbiologists now lead in two US Army Forces Command theater level capabilities to provide laboratory confirmation of select agents and/or endemic infectious diseases. In addition, for the first time, a 71A has been board selected to command an AML in summer '06. (Of note, a second 71A has been board selected for acquisition command; this is the second such selection for Microbiologists in the Army.)

MEDCEN Microbiologists continue to implement the Centers for Disease Control certified laboratory response

network and provide surge capacity testing to protect the force and the civilian public health in support of the Global War on Terrorism (GWOT). In addition to the recently placed modular BSL-3 labs at the Pentagon, Microbiologists at Tripler Army Medical Center (AMC), HI and the 121 General Hospital in South Korea are preparing to receive modular BSL-3 laboratories to provide for the detection of biothreat or biowarfare agents in the Pacific theater. In addition, these labs provide far forward capability to monitor for Avian Influenza and Severe Acute Respiratory Syndrome, which are endemic to that part of the world. Outyear plans include providing similar facilities, modular or fabricated, to Madigan AMC, DD Eisenhower AMC, Womack AMC, William Beaumont AMC and Darnell Army Community Hospital. We will continue to seek proponent support through the regional medical commands (RMCs) utilizing the MEDCOM Manpower Program Initiative and Command Grade Allocation process to resource these new missions on posts that do not have 71As currently authorized on local manning documents. In conclusion, Army Microbiologists stand ready and experienced to respond to the needs of a transforming Army. As of this writing, we have the equivalent of a division of Microbiologists deployed to OIF overseeing the implementation of microbiology augmentation to combat support hospitals in theater. Another Microbiologist just returned from OIF serving in a medical operations slot where she established the Post Deployment Health Assessment Programs for Combined Forces Land Component Command (Kuwait) and Combined Joint Task Force-7 (Iraq). Both of these opportunities have arisen from unforeseen, but real time missions. These are outstanding examples of the diversity of experience within our AOC that enables us to maintain subject matter expertise with military relevance and remain flexible in responding to the transforming Army.

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71B - Biochemistry and Physiology

71B - Biochemistry and Physiology



COL Ronald Shippee
Consultant

During the few months that I have had the privilege to serve as the Biochemist and Physiologist (71B) Consultant, I have had the unique opportunity to get a broad view of the many services provided by the 71B Area of Concentration (AOC) to the Army Medical Department (AMEDD). I am constantly impressed with the level of scientific expertise and military professionalism. The continued high interest in Army careers by graduates has allowed us to maintain a PhD requirement as the standard for personnel acquisition by the AMEDD recruiters. This high academic standard has definitely reaped benefits as reflected by the achievements described below.

Over 80 Biochemists and Physiologist serve in 39 locations in both TDA and TOE positions. These Soldier-scientists perform in positions that span the full spectrum of the biomedical profession to include basic research, advanced applications, clinical investigations, clinical laboratory, and medical intelligence analysis support, as well as research, development, and medical logistical procurement. Our 71Bs have also been intimately involved with operations in the Iraq and Afghanistan Theaters of Operation both from a support capacity as well as serving in "boots on the ground" positions.



*CPT David S. Johnston at
Camp Slayer, Baghdad, Iraq.*

The Global War on Terrorism has opened unique and extremely challenging positions for 71Bs. Scientific Action Officers are supporting many efforts with Department of Defense (DoD) agencies such as the Defense Intelligence Agency, the National Geospatial-Intelligence Agency, the Central Intelligence Agency, and the Combating Terrorism Technology Science Working Group. This support has involved transitioning research and development technologies to combat operations, coordinating with industry for the medical intelligence community requirements, development of operation plans, and direct support for special operations.

Many of our captain and junior major grade scientists are actively involved in "hands on" laboratory research in the various research laboratories within the U.S. Army Medical Research and Materiel Command (MRMC) and the clinical investigation departments at military medical centers around the world. For example, Biochemists and Physiologists assigned to the U.S. Army Research Institute of Infectious Diseases (RIID) are working under Cooperative Research and Development Agreements with academic institutions and industry partners to develop and test the efficacy of purified protein vaccines.

Yersinia pestis, the causative agent of bubonic and pneumonic plague, is a leading candidate for use in biological warfare and bioterrorism. The 71Bs at RIID are collaborating on a new generation of vaccines against this deadly agent that potentially could enhance vaccine efficacy, provide protective immunity against variable *Yersinia* strains, and prove to be more difficult to counter.

We have 71Bs assigned to all the clinical investigation departments in the military medical centers working in collaboration with clinicians and healthcare providers on medical issues that not only are of critical interest to both military medical care, but also to the healthcare profession in general. These positions typically involve the officer in multi-discipline consultation for research residency programs, collaborative research projects with civilian medical colleges, and research

projects involving improved medical care and healing for both battlefield and non-battlefield injuries. For example, 71Bs at Eisenhower Medical Center, Fort Gordon, GA are collaborating with scientists at the Walter Reed Army Institute of Research (WRAIR, an MRMC research lab) in evaluating gene expression profiling in both closed head injury and penetrating head injury models using Laser Capture Microdissection and Microarray techniques. Traditional methods in molecular biology generally evaluate one gene at a time, while these new state-of-the-art techniques make it possible to study the entire genome of an organism on a chip the size of a microscope slide. Additionally, this technique is being used in collaboration with the U.S. Army Medical Research



*CPT Angela Purcell conducts
neuroscience research at the U.S.
Army Institute of Chemical
Defense when she is not training
for triathlons.*

Institute for Chemical Defense (ICD) to focus on neurobehavioral and molecular changes that follow repeated exposure to low-level organophosphate compounds, in particular chemical warfare nerve agents.

Assignment to the U.S. Army Institute of Surgical Research (ISR), Brooke Army Medical Center, provides the unique opportunity to work both the research and the clinical side of the profession. The 71Bs at the ISR are using animal models to identify early physiological predictors of circulatory collapse after injury. Officers in these positions also have the opportunity to serve in positions such as Chief of Biochemistry and Microbiology Services providing microbiology surveillance for the ISR's burn care unit in the Brooke Army Medical Center. Biochemists assigned to the Core and Reference Laboratory, Brooke Army

Medical Center (BAMC), San Antonio, TX have been responsible for supporting the Army-mandated glucose-6-phosphatase dehydrogenase (G-6-PD) screening program. The G-6-PD enzyme, if not present in sufficient levels in an individual may cause hemolytic anemia after anti-malarial prophylaxis-treatment. Because Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) involve countries that pose increased risk for contracting malaria, this core laboratory capability is extremely critical to the war effort. The core facility is typically receiving 15,000 to 20,000 G-6-PD specimens each month. To put this in perspective, most other facilities around the country typically perform less than 400 tests a month. The BAMC facility has discovered that approximately 7% of the female and 2.5% of the male Soldiers tested to date have some level of deficient G-6-PD activity. The 71Bs assigned to the WRAIR have been instrumental in the expansion of the Division of Experimental Therapeutics. This Division provides complex analysis in support of drug development both in early and late pre-clinical development. These efforts have significantly contributed to recent grant proposals to the Medicines for Malaria Venture, Defense Advance Research Projects Agency (DARPA), and the Gates Foundation. Given the current high concentration of Soldiers deployed to extremely hot climates, the research conducted by our Physiologists at the U.S. Army Research Institute of Environmental Medicine (USARIEM), Natick, MA evolving the role of dehydration on physical and cognitive performance is critical to combat readiness. The result of this research effort has been showcased by publication in TB MED 507/AFPAM 48-152 (Heat Stress and Heat Casualty Management) and lectures at the North Atlantic Treaty Organization Scientific Conference, the Navy Submarine Medical Laboratory, and the National Academy of Sciences. Officers from our AOC assigned to USARIEM also work in collaboration with the Nutritional Division at Natick Laboratories to continue to refine the Meal-Ready-To-Eat, a field ration that has become a world standard to

providing critical nutrients under the high stress of extended combat operations.

In addition to the many junior officers we have serving in scientific positions at MRMC and the various clinical investigation units at Army Medical Centers, advancing the frontiers of knowledge, many of our senior officers serve with distinction in high profile administrative and command positions. During fiscal year 2004 (FY04), 71B COLs commanded two of the six major research laboratories and a total of three out of 12 subordinate commands at MRMC, and we had one 71B assume the position of Chief, Clinical Investigations at Tripler Army Medical Center. Biochemists and Physiologists are also working at all of the Army Medical Department Centers and Activities in high volume clinical support laboratories, which support day to day routine and critical care, particularly to battle field casualties. For instance, the 71Bs stationed at Landstuhl Regional Medical Center (LRMC), Germany manage laboratory services that include high risk obstetrics, oncology, and an extensive trauma care team in addition to providing routine and specialized health care to DoD beneficiaries. The LRMC typically receives 30 to 60 patients four to five times each week from OIF and OEF. With the recent formation of the 1st and 9th Area Medical Laboratories (AML) out of the stand down of the 520th Theater Army Medical Laboratory (Aberdeen Proving Ground, MD), opportunities have increased for 71Bs to serve in a TOE medical unit. The AMLs are subordinate to the 44th Medical Command, 18th Airborne Corps, Fort Bragg, NC. Members of these AMLs must meet the same demanding physical requirements as the other members of the corps and be prepared to deploy their complex diagnostic capabilities rapidly all over the world, often in austere environments. The 71Bs assigned and designated by the Professional Officer System (PROFIS) to the AMLs manage highly skilled teams of military technicians responsible for providing confirmatory analytical capabilities for chemical warfare agents in the theater of operations. This past year collaborative

efforts between 71Bs within the AMLs as well as those assigned to the U.S. Army Center for Health Promotion and Preventive Medicine have completed a successful Telechemistry program. This will provide the AMLs with the capability to communicate, real-time, with the deployed laboratory providing assistance from subject matter experts at ICD on interpretation of complex data, troubleshoot equipment, and provide remote operating of the analytical equipment. A unique opportunity to serve a critical function in support of our goal of a drug free military, and one which requires the 71B AOC, is assignment to one of the Forensic Toxicology Drug Testing Laboratories (FTDTLs). In this fast paced, high volume, zero defects environment, our 71Bs provide the critical toxicology and management expertise, which enable the Army and all of the military services to maintain drug use rates that are significantly lower than those in the civilian population. State of the art immunological and chemical analysis techniques are used under strict forensic criteria to screen over two million urine specimens a year for drugs of abuse such as marijuana, cocaine, PCP, LSD, and amphetamines. The FTDTL also provides the only opportunity for MAJ and LTC 71Bs to command a laboratory, which is reflected by the fact that as of 1 Jan 04, eight of the twelve 71Bs in the grade of COL had commanded a FTDTL at one time in their careers. The accomplishments highlighted above demonstrate the high levels of complexity and responsibility entrusted to the 71B AOC. It is important to realize that many of these positions involve a multi-disciplined approach to medical research and clinical care, supporting a "one team" concept across multiple laboratories and medical centers as well as industrial and academic partners. Additionally, many of the positions are providing our scientists with valuable experience in management and leadership. The 71B in today's fast-paced, multi-tasking, digitized Army, truly epitomizes the concept of "an Army of One".

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71E - Clinical Laboratory

71E - Clinical Laboratory



COL Noel Webster
Consultant

As was the norm set by previous years, this last year was extremely busy, but also very rewarding for Clinical Laboratory (71E) Officers. Officers serving as 71Es have diversified roles and missions, both of which increase the value of contributions to the Medical Service Corps (MSC) and to the Army. Currently, there are 116 71E officers. Many of these officers work in fixed facilities overseeing and staffing hospital and research laboratories. These assignments are both in CONUS and OCONUS locations, to include Thailand and Africa. Additionally, these officers serve as instructors and mentors at various academies, and they also serve as subject matter experts at consultation centers, providing advice regarding the rules and regulations that govern our missions. Because of the uniforms these officers wear, they proudly deploy and serve in hostile environments, providing field laboratory services and distributing blood products. In 2004, seven 71E officers were assigned to Combat Support Hospitals, Field Hospitals, and Blood Support Detachments in Iraq,

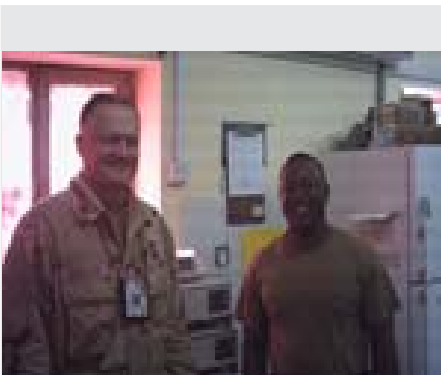
Kuwait, and Afghanistan. Finally, 71Es are used as a resource-rich pool to serve as Inspectors General, Company Commanders, and Deputy Commanders for Administration. Recently, two lab officers were selected for Battalion Command, highlighting the increasing importance and diversification of our Medical Functional Area (MFA).

The majority of Clinical Laboratory Officers are directly accessioned into the MSC. To qualify, applicants must have a Bachelor's degree in Medical Technology or a related biological science, certification as a Medical Technologist by a nationally recognized accrediting agency acceptable to The Surgeon General, a one-year internship, and one year's experience as a Medical Technologist. Last year, there were seven direct accessions into the 71E MFA. Some officers come to the Corps and to the lab field via the Reserve Officer Training Corps (ROTC) Program. This past year, one Medical Technologist graduated from an ROTC Program. A third avenue to become a 71E is through attendance to the Clinical Laboratory Officer's Course (CLOC), which allows MSC officers with a biological science degree to switch their MFA to 71E after successful graduation. The course is held at Walter Reed Army Medical Center (WRAMC). Officers that graduate from this course have one of the best success rates in the Nation for passing the American Society of Clinical Pathologists certification exam.

A newly accessioned Medical Technology officer is usually assigned as a lab officer in a blood platoon/detachment or to a section in a Medical Center (MEDCEN) Department of Pathology. Young officers at these MEDCENs usually get an additional assignment to a Combat Support Hospital as part of the Professional Officer Filler System (PROFIS) so they are able to acquire experience in field assignments. This year, ten lab officers filled PROFIS positions with five deploying in support of Operation Iraqi Freedom and Operation Enduring Freedom.

The next assignment for lab officers is usually as the senior laboratory manager at a medical treatment facility

laboratory. This assignment is an opportunity for the officer to provide senior leadership to the laboratory while assuming administrative responsibility for all parts of the laboratory. At this stage of the officer's career, the officer may consider career adjustments. At this time they may also apply for Long Term Health Education and Training (LTHET) to include Master's degrees in Medical Technology, Health Science (Blood Bank Fellowship), Master in Healthcare Administration (Baylor Course), and PhD level programs to include Medical Technology, Pathology, Immunology/Immunohematology, Clinical Microbiology, and Clinical Chemistry. Some of these degrees may result in a change of Area of Concentration (AOC) to the Microbiology (71A) or Biochemistry (71B) occupational specialties. Each year, the Corps normally has five to eight officers in school. Officers can apply to attend the Tri-Service Blood Bank Fellowship, which results in the officer gaining an additional skill identifier as 8T (Specialist in Blood Banking). The Fellowship program resides at WRAMC and has an illustrious history. It was formed in 1958 in order to enhance our wartime mission capabilities to provide blood products throughout the world, provide peacetime blood collection and transfusion services, to maintain FDA licensure of our blood facilities, and to participate in military blood research. More than 90 Army blood bankers have graduated from the fellowship program. After graduation, these officers serve as directors of blood donor centers, chiefs of blood transfusion services, blood research scientists, commanders of blood detachments, Unified Command Joint Blood Program Officers, Army Blood Program Managers, and the director or deputy director at the Armed Services Blood Program Office. Twenty-three officers are currently Specialists in Blood Banking. Senior officers are usually assigned as Laboratory Managers of MEDCENs or large Medical Activities (MEDDACs), to the Academy of Health Sciences, and other diverse high-visibility assignments such as Manager for the Army Blood Program and Consultants to The Surgeon General.



COL Webster and MAJ Gouridine in the lab in Iraq.

COL Webster and LT Johnson in Iraq.



Obviously the career paths for Clinical Laboratory Officers are diverse. These officers are experts in all areas of laboratory science, federal healthcare regulations, and management. But, whatever job they perform, the mission always remains the same. These are Soldiers taking care of Soldiers and their families. Regardless of the location of the officer's assignment, the officer is a leader and will be known by innovative leadership, which serves our Soldiers, our Corps, and our mission.

Past Year's Performance

All of our labs continued to excel on College of American Pathologist (CAP) inspections, Joint Commission on Accreditation of Healthcare Organizations (JCAHO) inspections, American Association Of Blood Banks (AABB) assessments, Food and Drug Administration (FDA) unannounced inspections, and other local inspections. Lab Officers consistently receive annual training on quality assurance, quality control, and quality improvement to ensure Army Medical Department (AMEDD) labs meet or exceed the highest standards.

An exciting, new initiative this past year was the training of several officers in Six Sigma methodology. Six Sigma is a measure of quality, with the objective of optimizing performance. This data-driven approach can eliminate defects in hospital and other technical processes. To achieve Six Sigma, any given process must produce less than 3.4 defects per million opportunities. Training in Six Sigma methodology is done at different levels. The training level achieved is denoted by a belt color, with black belts receiving the highest level of training. The implementation of Six Sigma

processes in an organization is done by green belts and supervised by black belts. To understand the impact of Six Sigma in an organization, black belts can generate efficiencies of approximately \$230,000 per project, and can complete as many as 4-6 projects a year. Given the impact of this emerging performance improvement process, Army laboratorians are adopting this emerging methodology at our MEDDACs and MEDCENs to set even higher standards of accuracy and efficiency. At least ten lab officers were trained as green and black belts this past year, and the future goals include establishing regular training cycles.

In another initiative, AMEDD Blood Donor Centers set the standard for blood testing. Lab staff used Nucleic Acid Testing (NAT) to amplify Human Immunodeficiency Virus-1 (HIV) and Hepatitis C Virus (HCV) in order to detect infected donor units. Since 1999, Blood Donor Centers at Fort Hood, Fort Knox and Tripler Army Medical Center have been using a protocol with Chiron and Gen-Probe to perform single donor HIV-1/HCV NAT testing under an Investigational New Drug Protocol (IND). In 2002, FDA licensed the HIV-1/HCV NAT testing. These three facilities were the only labs performing single donor testing for HIV-1/HCV NAT in the United States. Civilian labs use pooled blood testing, potentially less safe than the Army approach of single donor testing. In 2002, Chiron received a license from the FDA for both pooling and single donor testing, largely due to the contribution of Army data. As a result, more civilian labs are using the licensed single donor testing method thanks to the efforts of the Army's three blood donor testing labs. In August 2003, these three sites incorporated NAT testing for the detection of West Nile Virus under an IND, once again showing the value of performing single donor testing. In addition to setting the standards for new blood donor testing, our donor centers continue to meet and exceed the blood support requirements for US Central Command. The clinical labs still continue to be vigilant in biological threat detection. Thirty-six Army medical treatment

facility labs are in the Lab Response Network (LRN). The AMEDD has 28 LRN Surveillance (formerly Level A) Labs, and seven LRN Reference (formerly Level B/C) Labs. The 121st General Hospital in Korea is the newest addition to the Army's Reference Labs. The 121st GH Microbiology Lab currently performs LRN Severe Acute Respiratory Syndrome testing, but will greatly expand their biothreat detection capabilities upon receipt of a modular Bio-safety Level 3 (BSL3) lab in mid Fiscal Year 2005 (FY05). Also, William Beaumont Army Medical Center will convert from a Surveillance Lab to Reference Lab upon receipt of a modular BSL3 lab late FY05. Modular labs have also been purchased to increase existing LRN Reference Lab capabilities at Madigan, Tripler and Eisenhower Army Medical Centers. Most recently, funding was approved for the construction of BSL3 labs at Womack AMC and Darnell MEDDAC. As these labs are built, they will also convert from Surveillance labs to Reference labs. LTC (R) Nauschuetz currently directs the Army Lab Response Network Program for the Laboratory Program Manager. Doctor Nauschuetz has also recently been named Biosurety Program Director, MEDCOM, and is directed by the Laboratory Program Manager to ensure that LRN Reference Labs comply with new federal and military laws and regulations on select agent use. These biosurety requirements have placed large demands on our labs and they should be commended for spending many hours to make the LRN system work. There is no doubt that our



COL Webster and LT Santana in Iraq.

enemies, both foreign and domestic, strive to obtain biological agents that can be used to project terror. Labs in the AMEDD can use Centers for Disease Control protocols to identify these agents quickly, protect our hospitals from contamination, provide the best safety and care to our patients, and provide preventive measures to keep our constituents safe.

The use of centralized contracts continued to be the best way to approach business in terms of cost-saving and resource sharing within and in between regions. The HIV, reference lab, liquid-based cytology and Human Papillomavirus central contracts were cost-efficient, and allowed labs to provide rapid, specialized lab results to patients and their physicians. The latest centralized, cost-saving program is done at the HIV Diagnostic Laboratory at the Walter Reed Army Institute of Research (WRAIR). This lab has assumed responsibility to perform HIV and HCV confirmatory testing. Both HIV and HCV confirmatory testing had been previously outsourced. This new program reduced confirmatory testing costs by 75% in 2004.

The Junior Officer Council was formed last year and is now established as an exceptional forum for collaboration amongst our junior officers. These highly motivated officers share information and work together on several projects that benefit our mission. The Council established the 71E website, the Knowledge Collaboration Center (KCC), and the community page on the Army Knowledge Online portal. These three tools are continuously updated with information and have proven to be the most comprehensive, up-to-date, informational tools in recent years. Finally, the quality of our Army officers was once again recognized at the Tri-Service Society for Armed Forces Medical Laboratory Scientists. While our fellow 71B scientist, MAJ Aziz Qabar, won best Research Poster, the Army Blood Program presented a recognition award to CPT Robert Gates for his exemplary performance in the blood community.

The Future

Programs implemented in 2004 should continue to be productive in 2005. There are expectations that the Six Sigma methodology will post more significant cost efficiencies and will strive to approach the model of near-zero defect status. The program may well be implemented by other medical treatment facility departments and may be implemented by other Department of Defense (DoD) agencies and services. Also in 2005, efforts to optimize reimbursement for lab work and to recapture reference laboratory workload as a way to always ensure cost-effectiveness will be a high priority. The Regional Medical Center labs have been working on the feasibility of adding testing capabilities for certain high-cost procedures that are currently sent to civilian labs. The Joint Lab Working Group has provided a subcommittee to look at this recapture process from a joint perspective. Corps leadership will continue efforts to standardize AMEDD regional labs in order to recapture several key tests that smaller labs currently send to civilian reference labs or non-Army government labs. Accomplishing this goal is dependent upon the AMEDD-wide implementation of lab interoperability. Lab interoperability will bring about the ability to interface results within DoD and civilian laboratories, which will result not only in improved efficiency of our operations, but especially benefit the patient by dramatically reducing clerical errors. This new year will also highlight the continuation of the Improved Compliance and Standardization of Quality Systems initiative, which will allow for all laboratories to be measured and operate on a standardized level in the Quality Assurance arena. At the technical level, 71Es will continue to evaluate automation for increased accuracy and efficiency in our patient testing, such as selection of barcode machines that can be implemented at wards and clinics. Likewise, Lab Officers will continue to evaluate new testing platforms, always seeking to optimize service for our patients and their medical staff. New platforms for this next year may involve functional and applied genomics testing, as well as DNA microarray

testing, which may allow for test consolidation, new marker testing, and decreased turn around time of a magnitude never before seen in a laboratory. Tied to this is the implementation of Centers of Excellence by looking into the areas of genetic testing and existing technology at some of our laboratories.

Annual meetings will continue to be a place of collaboration and networking, and 71E officers are encouraged to continue presenting workshops and clinical and research posters at these types of meetings to allow for sharing of best practices.

More importantly, we will continue to place special emphasis on our field laboratories, so we can provide the most effective equipment and never-ending support to our deployed officers. We will continue to distribute up-to-date Standard Operating Procedures (SOP) CDs and quickly evaluate and make decisions on new deployable methodologies, like rapid HIV and coagulation testing that can be implemented for use in our Theaters of Operation.

The key to our future lies in our officers. The MSC has in the 71E series, a group of highly dedicated, relevant, competent, and versatile officers, ready to meet any challenge, and therefore key components of the MSC vision and integral to delivery of the MSC mission. The 71E officers are poised for success and will ensure best practices for the success of the Corps and the Army.



CPT Sonneman, 86th CSH with GEN Schoomaker, Chief of Staff of the Army.

71F - Research Psychology

71F - Research Psychology



COL James Romano
Consultant

What an amazing year for AOC 71F! This group of highly trained and motivated individuals again demonstrated their leadership by addressing, describing, and solving the problems facing the Army's key weapon system and our Nation's primary deterrent – the American Soldier. 71Fs analyzed the source of stresses, intervening personality, or unit variables, and the mitigating effects of good leadership during deployments of our forces. These deployments cover a broad spectrum of "intensities," from peacekeeping, to humanitarian assistance, to the Global War on Terrorism. The results - several years of work were captured in the *Psychology of the Peacekeeper*, published at the end of 2003. LTC Paul Bartone, LTC Castro, MAJ Paul Bliese and CPT Jeff Thomas contributed chapters to this excellent book edited by Tom Britt and Amy Adler. LTC Paul Bartone demonstrated leadership in applied military psychology at the national level by serving as President of Division 19, Military Psychology of the American Psychological Association. Division 19 is a growing network of psychologists and social

scientists from all specialties interested in applying psychological knowledge and science to address a broad range of issues related to global security, peace and stability, and to improving the lives and well-being of millions of men and women who serve. Perhaps because of LTC Bartone's drive and his efforts to "lash up" Army Research Psychologists more closely to Division 19, 71Fs presented 12 papers at the 2004 meeting in Honolulu, HI. These outstanding papers covered a broad range of Force Protection topics to include:

- An evaluation of the impact of combat exposure on the behavioral health status of Soldiers deployed to Iraq in support of Operation Iraqi Freedom (OIF).
- The role of values, self image, self assurance and personality for the development of effective leadership.
- The importance of developing a family-friendly working environment for reducing the impact of high work demands on the family.
- The identification of effective coping behaviors and job characteristics for enhancing Soldier well-being during a military peacekeeping mission to Kosovo.
- The well-being, readiness and retention of deployed National Guard soldiers.
- An examination of how military spouses adapt to moving and living overseas, and;
- The relative contributions of patriotic service vs. financial compensation in retention of Reserve Soldiers.

Several papers associated with US Army Medical Research and Materiel Command (USAMRMC) funded projects were cited for recognition at the meeting and at the APA annual meeting. CPT Melba Stetz received the award of Outstanding Young Psychologist for Division 19. A truly great accomplishment for her and for the 71F AOC!

In June 2004, we held our Biomedical Research Psychologist Short Course at Fort Detrick. MG Lester Martinez-Lopez, Commanding General of the USAMRMC, opened the meeting with an uplifting talk about the contribution

of, and the challenges facing, Research Psychologists in today's Army. He also presented a Meritorious Service Medal to CPT Jeff Thomas for his outstanding performance during his tour at the US Army Medical Research Unit-Europe (Heidelberg). His work led to important discoveries as to the nature, sources, effects, and potential countermeasures to Soldiers' deployment stress. In July, CPT Dave Cotting presented an overview of deployment stress research to Mr. Claude Bolton, Assistant Secretary of the Army for Acquisition, Logistics, and Technology (the Army's Acquisition Executive).

CPT Gina Adams made an important presentation at the Joint Medical Technology Workshop on measurement of Cognitive Performance. Nearly simultaneously, she was writing a paper for the aerospace medicine community for the Journal of the Army Medical Department entitled, "Human Error and Individual Failures in US Army Aviation Accidents." COL Jim Romano's second book, *Pharmacological and Toxicological Perspectives of Toxic Chemicals and their Antidotes*, was published in early 2004. He also contributed a chapter to Harrison's *Textbook of Internal Medicine*, the "bible" of internal medicine, entitled "Chemical Bioterrorism." Additionally, really cutting-edge work in the neurosciences was being produced by CPT Jed Hartings. He reported on an animal model of non-convulsant ("silent") seizures that occur after brain injury. These seizures occur without observable motor manifestations, and despite their putative role in causing secondary brain damage, are clinically refractory to standard anti-convulsant therapy. Developing this animal model was critical to our ability to screen other clinically approved drugs for potential off-label use in blocking these seizures. These studies are currently in progress and have identified two lead candidate compounds for advanced development.

Of course, there were so many more contributions of 71Fs this year that



CPT Oscar Cabrera, 71F, briefs 1st Armored Division Soldiers on the Land Combat Study Survey.

they are too numerous to mention. Additionally, there was an enormous amount of “grunt work” (i.e. background data collection) that went on this year, suggesting that the productivity of 71Fs will not diminish in future years. Leaders at all levels of the AMEDD and Army embrace the work of the 71F group as relevant and suggestive of ways to improve the health status of the American Soldier. HOOAH!!!



The Arthur W. Melton Early Achievement Award is presented to **CPT Melba del Carmen Stetz**. The Arthur W. Melton Early Achievement Award recognizes early career achievements in military psychology, normally within 5-10 years of entry into the field. Since completing the Ph.D. in Industrial and Organizational Psychology in 1999, Dr. Stetz has made remarkable contributions to military psychology through the first five years of her psychology career. Through her research and writing on the functioning of military units, her leadership in the Army's Military Operational Research Program, her commissioned service as a Captain in the Army, and her active service to the American Psychological Association's division of military psychology, Dr. Stetz has advanced the profession of military psychology and demonstrated excellent promise as a future leader in the field. After completing the PhD in Industrial and Organizational Psychology from Carlos Albizu University in her native Puerto Rico, Dr. Stetz, then an Army medical logistics and medical plans officer, entered service as a personnel research psychologist with the U.S. office of personnel management in Washington, DC. Shortly thereafter, she accepted orders as an active

duty research psychologist and Captain in the Army. She has served as a research psychologist at Walter Reed Army Institute of Research and currently at the Military Operational Research Program at Fort Detrick Maryland. As Assistant Director of this research program, CPT Stetz directs programs and manages funds in support of numerous Army research laboratories. Although quite early in her career, Dr. Stetz has over ten research articles in print, in press or in review on topics ranging from work-related strain to occupational well-being, and job-related stress in military populations. She has also given 18 conference presentations on these topics and others including military readiness,



CPT(P) Melba Stetz

patriotism, job commitment, and the psychological effects of deployment. Her scholarly work is directly furthering the mission of the military and the psychology community's ability to both understand and serve the needs of military members and their families. She frequently reviews manuscripts for journals such as *Military Psychology* and the *Journal of Occupational and Organizational Psychology*.

CPT Stetz is the recipient of numerous military decorations including the Meritorious Service Medal, Army Achievement Medal, and the Army Commendation Medal (2). She is an active member of the American Psychological Association, the Psychology Association of Puerto Rico, the Peruvian American Medical Society, American Counseling Association, and the American College of Healthcare Executives. Dr. Stetz is responsible for organizing, launching, and maintaining Division 19's excellent web page. Although only five years removed from completing her PhD, Dr. Stetz had made impressive contributions as a researcher and leader in the field of military psychology. Her early career achievements reflect great credit upon both herself and the larger military psychology community.

Assistant Corps Chief for Preventive Medicine Sciences



COL John Ciesla
*Assistant Corps Chief for
Preventive Medicine Sciences*

The Preventive Medicine Sciences (67C) career field is composed of five Areas of Concentrations (AOCs). These five AOCs (72A-Nuclear Medicine Science, 72B-Entomology, 72C Audiology, 72D-Environmental Science, and 72E-Environmental Engineering) support the AMEDD's Preventive Medicine program by actively focusing on the needs of the Soldier. Officers in the 72 Series career field plan, lead, administer, manage, and participate in activities relating to various facets of nuclear medical science, entomology, hearing conservation, environmental science, and environmental engineering. Assignment opportunities include command, staff, and technical assignments involving evaluation of risks relating to the health, morale, and environment of personnel for which the Army is responsible. During the past year the Preventive Medicine Sciences Community has made enormous contributions as our Army continues to play a key role in winning the Global War on Terrorism while simultaneously engaging in the most revolutionary transformation effort since World War II. The 72 Series Consultants have done an excellent job of highlighting specific AOC issues, successes, and contributions of their respective AOC in the following pages.

Despite the challenges posed by a high operational tempo, the growing emphasis on Force Health Protection requirements for our Army has made the support provided by the Medical Service Corps with our 72 Series officers more critical than ever. The contributions of our officers highlighted in the following report represents just a fraction of the great work being accomplished around the world today.

Lastly our heartfelt thanks goes to our former Assistant Corps Chief, COL Bob Thompson. Thanks for your tremendous leadership!

72A - Nuclear Medical Science

72A - Nuclear Medical Science



COL Robert Eng
Consultant

2004 was a year of many challenges and opportunities for Nuclear Medical Science Officers (NMSOs – AOC 72A) with deployments to Operation Iraqi Freedom and Operation Enduring Freedom, support of deploying and returning soldiers at the medical treatment facilities, pre-deployment training of soldiers at the Army Medical Department Center and School (AMEDDC&S) and at the U.S. Army Chemical School (USACMLS), contributions to Homeland Security, leading and deploying with emergency response teams, maintaining strong occupational radiation safety programs at medical treatment facilities (MTF) and other units, establishing a robust Army Knowledge On-Line nuclear/radiological medical website, and conducting numerous training exercises (including a tabletop exercise at the 2004 Force Health Protection Conference). An ancillary benefit of these activities is the opportunity to meet peers and establish communication channels to improve our medical readiness.

Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF)

Nuclear Medical Science Officers deployed in support of OIF and OEF. CPT Michael Hiatt deployed to Iraq with a Center for Health Promotion and Preventive Medicine-Europe (CHPPM-EUR) team to perform radiation surveys on 25 X-ray units, CAT scanners, and mobile vehicle and cargo inspection systems. On a second deployment CPT Hiatt went to Kuwait, Iraq, Afghanistan, and Qatar performing radiation surveys of x-ray

systems and vehicle inspection systems in addition to providing radiation safety training to staff. He consulted with the 1st Infantry Division Surgeon on the emergency response plan for the relocation of accumulated radioactive sources located at the Al Tuwaitha Nuclear Research Center. 1LT Kari Andersen deployed to Eagle Base Tuzla, Bosnia, as part of a two person team to survey and inspect the general purpose diagnostic and dental x-ray systems and provide radiation safety training to staff. LTC Casmere Taylor served not only as the 30th Medical Brigade's nuclear/radiological staff officer but also the unit's Secretary to the General Staff. COL Walt Loring, the Army Radiation Safety Officer, deploying with Army Contaminated Equipment Retrograde Team (ACERT), provided technical assistance, guidance, and oversight on several radiation and radioactive waste issues in theater. Operating out of the ACERT Contaminated Equipment Collection Point at Camp Arifjan, Kuwait, COL Loring participated in a conference with Kuwait Land Force representatives regarding the depleted uranium (DU) retrieval operation at Udairi Range, Kuwait; provided oversight during the DU retrieval operation at the range; assisted CJTF-7 and the ACERT in planning and executing a DU retrieval operation at a site near Baghdad, Iraq; met with Department of Energy (DOE) and CJTF-7 representatives on the ACERT's radiological waste disposal role in a pending radioactive material elimination mission; and assisted the ACERT in executing a DU retrieval mission at a Kuwait Air Force storage location. COL Loring also provided guidance on the employment and use of radiation-based cargo and personnel security systems in theater for detection of contraband, explosive devices, and unauthorized weapons. COL Loring continues to advise the Office of Military Cooperation – Kuwait on DU issues.

Exercises

LTC Schnelle established the AMEDD Chemical, Biological, Radiological,

Nuclear, Explosive (CBRNE) Exercise Program (ACEP) as an approved, resourced program to test and refine medical CBRNE operational concepts, capabilities, and tactics/techniques/procedures to enhance readiness and response. Ten Command Post Exercises were conducted addressing CBRNE objectives. Five table top exercises were conducted: XVIII Airborne Corps and Fort Bragg's Orbit Comet 04-1 Installation Anti-Terrorism/Force Protection Exercises (Ft Bragg, NC), I Corps' Pacific Guard Exercise (Portland, Oregon), USACHPPM's Force Health Protection Conference 04 (Albuquerque, NM), SHORESH 04: USAMRMC US/Israeli Bilateral Scientific Exchange (Sep 04; Leesburg, VA), XVIII Airborne Corps and Fort Bragg's Orbit Comet 04-3 Installation Anti-Terrorism/Force Protection Exercises (Ft Bragg, NC). LTC Randy Hulkovich and the NBC Sciences Branch staff at the AMEDDC&S participated and assisted in the planning of the Installation Anti-terrorism CBRNE Installation Antiterrorism CBRNE Mass Casualty exercise on 3 Apr 04. The exercise tested response to a simulated terrorist attack with chlorine, resulting in 75 mock casualties.

The Radiological Advisory Medical Team (RAMT) deployed locally in support of exercise Gallant Fox II at the Pentagon. For the RAMT, the exercise focused on integrating the RAMT into a local HAZMAT team that was operating under a first responder Unified Command System. The RAMT successfully tested a new radionuclide identification system and new secure communications equipment.

MAJ John Cuellar at the Defense Threat Reduction Agency (DTRA) assisted with the planning and execution of a number of exercises for which he developed the consequence management scenario, role-played key participants, and supported command staff elements. The exercises included COBRA GOLD 04 in Pacific Command (PACOM), a Combined-Joint-Warfighter exercise involving US

PACOM Forces, Thailand's Ministry of Defense Forces, Philippine Military, and Mongolian Forces; TRADEWINDS 04 (SOUTHCOM), Combined Joint Warfighter exercise involving US SOUTHCOM Forces, Dominican Republic Military and national response units, and a Combined Caribbean Battalion; AGILE RESPONSE (EUCOM), a pre-Olympic Games exercise involving US Forces and the Government of Greece's emergency management assets; and UNIFIED DEFENSE (NORTHCOM) which included several consequence management events including a nuclear material release and reactor accident. MAJ Cuellar also provided planning and training support for the Inter-American Committee against Terrorism from the Office of American States (primarily the government agencies of Barbados but including several representatives of other Caribbean nations). For the exercise he developed a consequence management scenario involving a radiological dispersal device on board a cruise ship.

Emergency Response Teams

LTC Gary Matcek and LTC John Mercier are the Nuclear Medical Science Officer team leaders for the two Radiological Advisory Medical Teams (RAMT) located at the CHPPM - Europe and North Atlantic Regional Medical Command, respectively. The RAMT mission is to respond to radiological emergencies involving nuclear weapons, radiological materials, and radiation exposure. Nuclear Medical Science Officers are also members of the Medical Radiobiology Advisory Team (MRAT) at the Armed Forces Radiobiology Research Institute which provides medical assistance to nuclear/radiological events and support to DTRA's Consequence Management Advisory Team (CMAT). The CMAT provides CBRNE support to combatant commands, DoD organizations, and federal agencies. MAJ John Cuellar is a member of CMAT. In addition he is the DoD liaison officer to the State Department's Consequence Management Support Team and was

standing by to support a US response to a terrorist event during the Olympic Games in Greece. At the medical treatment facilities many 72As are members of the SMART-NBC and SMART-PVNTMED teams ready to respond to CBRNE and other emergencies. In addition to serving as the Operations Officer for the Western Regional SMART-NBC team, MAJ David Rynders served as the technical advisor for the Pierce County Exercise Planning Committee on radiation and dirty bombs for their exercise planning and trained the Fort Lewis Fire Department in radiological response and instrumentation selection.

Training

Under the leadership of LTC Randy Hulkovich and LTC Annette Boatwright the NBC Sciences Branch at the AMEDD C&S has transitioned traditional NBC readiness training to an aggressive regimen of CBRNE training. This training provided AMEDD personnel with a foundation for incident response in support of Homeland Security which is driven by the Global War on Terrorism. A key aspect of training focused on medical response to high yield explosives. Real world incidents are cited during training in order to better prepare Soldiers prior to deployments in support of OIF and OEF. Furthermore, AMEDD C&S CBRNE training has extended beyond the Army to other federal agencies including the State Department and the Border Patrol.

In addition to providing training for military and other Federal personnel, the NBC Sciences Branch trained over two hundred New York City fire, EMS, and police personnel to respond to the terrorist use of CBRNE agents. Topics of instruction included basic knowledge of CBRNE agents, emergency site operations, and patient care for CBRNE casualties. In August 2004, the Branch conducted a one week in-residence course at Fort Sam Houston for New York University's medical, dental, and nursing faculty. The instruction included training in medical care for CBRNE victims and concluded with a one-day mass casualty exercise at

Camp Bullis where students were tested on their mastery of emergency response measures, triage, and decontamination of CBRNE casualties.

The Army Nuclear Disablement Team (NDT) deployed early in OIF with the mission to rapidly disable, render harmless and prepare for the elimination of Iraq's nuclear capabilities. Upon redeploying, MAJ Jerry Vavrina (72A) briefed NDT lessons-learned to Army/OSD/NATO staff. He developed a comprehensive NDT training program for 72As (and other officer specialties) on the components and assembly of a nuclear weapon, detonators, detailed information on the different technologies for isolating transporting, and handling fissionable material, NDT radiation safety, and personnel dosimetry.

The Radiological Advisory Medical Team (RAMT) Leader, LTC John Mercier, initiated and directed a new course at Walter Reed Army Medical Center, the Radiological Mass Casualty Medical Preparation Course. This is the first and only mass casualty course of its kind in the country. The first iteration was given in Feb 2004 and was very successful. More than 40 local clinicians received 25 AMA Category 1 continuing medical education credits for the 4 day course. About half of the students were clinicians from the Walter Reed Health Care System to include four RAMT physicians. All of the RAMT health physics and nursing staff attended. Guest lecturers were national experts from the Radiation Emergency & Accident Center and Training Site (REAC/TS), Oak Ridge, TN, and the Armed Forces Radiobiology Research Institute (AFRRI), Bethesda, MD. At the USACMLS MAJ Kevin Hart was appointed as Chief of the Technical Training Department, responsible for approximately one-third of the school's training. He is responsible for Radiological and Nuclear Defense, Biological Defense, and NBC Reconnaissance training. He is currently standing up institutional training for the Army's newest Biological Detection System, the Joint Biological Point Detection

System (JBPDs), and beginning major revisions of the Joint NBC Reconnaissance System (Fox) Specialist Course. During the last year MAJ Hart completed a much-needed revision of the Chemical School's two radiation safety courses, Operational Radiation Safety and Radiological Safety. As the only AMEDD Officer at the Chemical School MAJ Hart is a valuable resource in the development of the Civil Support Skills Course (the entry course for new Civil Support Team members), and as the technical advisor to Chemical Combat Developments Division in the area of radiation detection. MAJ Hart continues to train Chemical Officers in the challenging area of radiological defense to improve the Chemical Corps' ability to identify and mitigate radiological threats on the battlefield.

Army, Joint, Office of the Secretary of Defense, Federal, and International Initiatives

Besides those deploying, there were many 72A's supporting the deployment efforts and major Army initiatives.

LTC Debra Schnelle, NBC Defense Staff Officer at the Office of the Army Surgeon General, assisted the Army G-8 and Army Materiel Command in fielding and New Equipment Training of Chemical Protection for Deployable Medical Systems and Chemical Biological Protective Shelters (CBPS) to Army units in Europe, Korea, and CONUS. Also assisting G-8 in realigning CBPS fieldings to support Army Transformation and OIF rotations and being the lead US delegate to the NATO NBC Medical Working Group. LTC Schnelle managed the MEDCOM Biological Surety Management Reviews and coordinated the AMEDD input to the DoD Chemical/Biological/Radiological/Nuclear (CBRN) Annual Report to Congress and the Counter-proliferation Program Review Committee report for countering proliferation and NBC terrorism. COL Bob Eng, Director of the Proponency Office for Preventive Medicine – San Antonio, working with MEDCOM Plans Division and various SMEs, including those of VETCOM,

directed the development of a tasker to the Army MTFs and regional medical commands to develop Severe Acute Respiratory Syndrome (SARS) Response Plans in coordination with the Installation Management Agency. The effort was a response to an OSD Health Affairs tasker and the plans are intended to mitigate a highly infectious outbreak within the Army community and especially to protect deploying units to OIF/OEF. MAJ John Cuellar at DTRA is a member of the Federal Radiological Monitoring and Assessment Center (FRMAC) committee, and provided comments and advice as they developed their operating manual. He also served as the DoD liaison officer to the FRMAC for nuclear weapon accident responses. MAJ Cuellar was a member of the committee preparing Joint Publication 3-41, *Joint Tactics, Techniques and Procedures (JTTP) for Chemical, Biological, Radiological, Nuclear, and High Yield Explosive (CBRNE) Consequence Management (CM)*. He provided text and topics for the manual as the Technical Review Authority he is responsible for content accuracy and will review all chapters and annexes for content prior to each phase's completion. MAJ Cuellar was also a reviewer of JP-30 *Joint Doctrine for Combating Weapons of Mass Destruction*.

COL Walt Loring, the Army Radiation Safety Officer, fostered a tremendous change in the Army radiation safety program. COL Loring revised AR 11-9, The Army Radiation Safety Program, to incorporate OIF lessons-learned and facilitate the deployment of radioactive commodities. The revised regulation also aligns the radiation safety program with the transition to Installation Management Agencies. COL Loring represents the DOD on the Interagency Coordinating Committee on Radioactive Source Tracking, a Congressionally-mandated homeland security effort to database all of the significant radioactive sources in the Nation. As a member of the DoDI 6055.8 Working Group, COL Loring is working with his Air Force, Navy, and Defense Logistics Agency counterparts to revise and update the

DoD occupational radiation safety program. In conjunction with the Assistant Chief of Staff for Installation Management (ACSIM), COL Loring issued guidance to Army installations regarding the employment of contractors governed by Army held Nuclear Regulatory Commission (NRC) licenses. The guidance facilitates the A-76 process for assessing the feasibility of outsourcing installation activities.

Depleted Uranium (DU) Medical Issues (OIF)

COL Eng provided oversight for the development of the MEDCOM DU Policy for screening, identifying, and classifying redeploying Soldiers potentially exposed to DU, as well as the analysis of bioassay samples and reporting requirements. LTC Mark Melanson (CHPPM) briefed congressmen and their staffs on the management and care of Soldiers in the Army's DU program. LTC John Mercier at Walter Reed Army Medical Center assisted in interviewing potentially DU-exposed Soldiers to obtain accurate documentation for their medical records. All parties were involved in addressing alleged DU exposures by the 442nd Military Police Company. Urine samples were obtained and analyzed with a bottom line of no DU detected. LTC Melanson provided risk communication to the 442nd to address their DU concerns. LTC Mercier, MAJ Rynders, MAJ Lucious Cooper, MAJ Paul Argo, MAJ Ray Morton and CPT Ricardo Reyes as Regional Medical Command Radiation Safety Officers were very much involved in the screening of redeploying soldiers for potential exposures to DU and ensuring that bioassays were collected according to the DU Policy. LTC Melanson oversees the processing of DU data from the CHPPM lab. CPT Alison Winstead assisted in performing several hundred of these dose assessments on the DU samples.

Support of Clinical Operations

There were no significant violations noted by the Nuclear Regulatory Commission (NRC) for any of the AMEDD NRC Medical Licensees, a

remarkable achievement. Nuclear Medical Science Officers provide NRC license oversight for use of radioactive materials for diagnostic, therapeutic, and research procedures at MEDCENs and MEDDACs, and support MG Webb, Chair of the MEDCOM Radiation Control Committee. In addition, 72As provided occupational radiation protection services throughout the AMEDD and the Army, contributing to worker safety and radiographic quality assurance and ensuring all Federal Regulations and JCAHO requirements relating to radiation protection were met.

Active Recruiting Efforts

U.S. Army Recruiting Command and 72As have done an outstanding job in recruiting potential 72A candidates. In FY04 all five recruitment allocations were filled. FY04 was truly another great building year where three newly commissioned 2LTs and two CPTs were assigned to MEDDAC and CHPPM positions. Three of the new officers were assigned to CHPPM to meet requirements to fill five Professional Filler (PROFIS) positions in TOE units: 330th Medical Brigade, 1st Army Medical Laboratory, 9th Army Medical Laboratory.

Professional Filler System (PROFIS)

The 72A's have nine PROFIS positions and one Army Code 50 position (Code 50 positions are analogous to PROFIS positions). This is an increase of two PROFIS positions from FY03 with the activation of the 9th Medical Laboratory (ML) AMB. The PROFIS units are the 9th ML, 1st ML, 331st Medical Group, 3rd Medical Command, 18th Medical Command, 30th Medical Hospital Center, and 44th Medical Command. The Code 50 position is on the Nuclear Disablement Team (NDT) under the CBRNE Command in Aberdeen Proving Ground, MD. A second NDT will be formed and maintained at the US Army Nuclear and Chemical Agency at Fort Belvoir, thus requiring another 72A officer. Three additional Code 50 positions are anticipated in

FY05 for the Army Contaminated Equipment Retrograde Team.

Research

CPT Robert Prins, Assistant Professor in the Department of Physics at the US Army Military Academy, worked with the Lawrence Livermore National Laboratory on radioactive fallout considerations primarily focusing on beta and alpha emissions, ingestion, and inhalation hazards in addition to experimental LASER modeling of fallout. CPT Christopher Pitcher quantitative metrics to evaluate image quality for computed radiographic images for enhancement of diagnostic procedures at the University of Florida.

CPT Carlos Corredor, attending the University of Tennessee, tested the quality of manufacturer's radiation therapy software for delivering a fixed radiation dose three-dimensionally to a tumor while minimizing the dose to healthy tissue

Decommissioning of the Original Walter Reed Army Institute of Research

After several years of effort, the Health Physics Staff at WRAMC, under the leadership of LTC Mercier, successfully decommissioned the old Walter Reed Army Institute of Research facility, a mammoth building with hundreds of laboratories. The decommissioning process involved surveys of the entire facility for radioactive contamination and its clean-up. In some parts of the facility, respirators were required during the decommissioning work to prevent the risk of asbestos inhalation.

Installation Protection Program

LTC Schnelle at OTSG was heavily involved with assisting installations in preparing for CBRNE incidents. She coordinated with the Army G-3, Army G-8, and the Joint Program Manager - Guardian in developing the Army Installation Protection Program. This program provides for the enhancement of equipment and training and consists of the Army Emergency First Responder Program (AEFRP), the Installation Support

Team (IST) and the DoD Installation Preparedness Program (IPP). OTSG establishes medical policy and objectives, validates resource requirements for staffing and administration of the program, and establishes policy governing development of the Army CBRNE installation preparedness medical doctrine and training. LTC Hulkovich and his staff participated in a series of meetings with TRADOC's Maneuver Support Center (MANSCEN) Installation Support Team (IST) for the development of CBRNE mission and equipment. LTC Hulkovich and staff provided AMEDD/MEDCOM perspective to the fielding of IST and the equipment they require.

Army Knowledge On-Line 72A Website

MAJ Craig Moss continues to maintain the 72A AKO website. This website provides access to operational radiation safety information for 72As and others no matter their location throughout the world. One of the OIF lessons learned is that SIPRNET is employed almost exclusively for electronic communication in theater, and from theater to CONUS and other areas. Nuclear Medical Science Officers are establishing SIPRNET AKO accounts to provide a reach-back capability for our medical Soldiers in the theater of operations. In addition the 72A Junior Officers (JO) have established their AKO website to address their concerns and needs. In addition they have established their JO Council to share information and discuss issues to bring forth to the 72A Consultant.

LTHET as a Recruiting and Retention Tool

Long Term Health Education and Training (LTHET) is the BEST opportunity for officers to earn their Masters Degree in health physics or associated radiological sciences to qualify for the 72A AOC. It is also an ideal way to earn a Ph.D. for assignments requiring higher radiological technical and operational skills at U.S. Army Nuclear and Chemical Agency, Uniformed Services University of the Health Sciences (USUHS), West Point, AFRR, and

the large MEDCENS like WRAMC and Brooke Army Medical Center. Many 72A authorizations and special assignments require a Ph.D. to demonstrate technical competency and credibility in deployments with the United Nations teams, briefings to NATO, and interactions with the World Health Organization. LTHET is a great recruiting and retention tool but is also the means to enhance medical radiological readiness. USUHS offers Masters of Public Health with Health Physics

emphasis which partners closely with the nuclear/radiological operational mission of AFRRRI. This is the only program that has such a heavy medical nuclear/radiological operational component, in which the graduate students will participate in table top and deployed exercises, and may back up AFRRRI deployers on real nuclear missions. In FY04 one 72A started his doctorate program. There were two officers who applied for two FY05 doctorate starts at USUHS.

Summary

Clearly our NMSOs have been gainfully and critically engaged at all levels from MEDDACs up through the Federal Government, local communities and the world. The outlook is bright for 72As for 2005 and the ferocious pace we're currently operating at will continue. Thank you for all you do each and every day.



CPT Ricardo Reyes performing a radiation survey of an x-ray suite at Landstuhl Regional Medical Center.



CPT Hiett surveying a Military Mobile Vehicle and Cargo Inspection System in Afghanistan.



1LT Thomas Rezentes monitoring for radioactivity at the old Walter Reed Army Institute of Research.

Back Row: MAJ Mike Salamy, 72D, Mr. Scott Goodison, 1LT Michael Schwarz, 72D, LTC Gary Matcek, 72A, CPT Michael Hiett, 72A, Front Row: PFC Sean Mangan, 91S, 1LT Kari Andersen, 72A, LTC Mark Melanson, 72A, CPT Victor DeArmas, 72D at Tuwaitha Nuclear Research Center Iraq.



72B - Medical Entomology

72B - Medical Entomology



COL Stephen Berte
Consultant

Medical Entomologists achieved another banner year this year in a wide variety of endeavors. Whether serving in traditional entomology roles, preventive medicine staff positions, on the staffs of major commands, or in a variety of commands, medical entomologists have continued to earn the respect of their superiors, peers, and subordinates through their superlative performance of duty.

Leader Development

Entomologists were recognized for their outstanding achievement and leadership in many ways this year including promotions, selections for schooling and command, and for professional achievement. Officers promoted this year in recognition of the potential they offer the Army for continued outstanding leadership included CPTs Robert Moore, Peter Nunn and Owen Price, LTC Bill Miller, and COLs Scott Gordon, Tom Logan, George Korch and Richard Johnson. On September 16, 2004, the 520th Theater Army Medical Laboratory was

deactivated and replaced with the activation of the 1st and 9th Army Medical Laboratories (AMLs) in a ceremony at the Edgewood Area of Aberdeen Proving Ground. The significance of the ceremony was that COL Tom Logan assumed the brigade level command of the 9th AML. The commander of the 520th assumed command of the 1st AML, but will relinquish command next year. However, the officer selected to replace him was another entomologist, COL Scott Gordon. This is the second year in a row that senior entomologists swept a category of Department of Army selection board command positions, which is a testament to the ability of medical entomologists to excel in developing themselves for senior leadership positions. MAJ Ken McPherson broke new ground as he was the first entomologist selected to attend Intermediate Level Education (ILE) in residence at a pilot site at Fort Belvoir from June 1, 2004 through August 28, 2004. The initiation of the ILE marked a significant transformation in the Army Officer Education System and of the Army as a whole. It reflects highly on the career progression of entomologists that one of our own was selected early on to attend this important leader development course. LTC Mustapha Debboun was recognized for his outstanding expertise and performance this year by being awarded the coveted "A" Proficiency Designator by The Surgeon General of the Army based on his technical achievements and operational experience. His wide range of field experience includes deployments at the detachment to theater staff officer level supporting various operations. His technical achievements were attained in assignments ranging from medical entomology instructor, technical staff officer for the Medical Research and Materiel Command (MRMC) at the Department of Army Level, and as Program Manager of the Repellents and Personal Protection Program. LTC Debboun's career speaks highly of the leader development



CPT Owen Price checking a rat for fleas in Tikrit, Iraq.

opportunities available within our community.

CPTs Brian Evans and Michelle Colacicco both competed successfully for opportunities to earn their PhD degrees through the Long Term Health Education and Training (LTHET) program. CPT Evans entered his degree program in the Fall and CPT Colacicco was selected to begin her graduate degree next academic year. Opportunities to develop technical entomological skills such as LTHET are available annually to entomologists and they rarely go unclaimed so the technical quality of our officers remains high.

Communication

The 17th Department of Defense (DoD) Pest Management Workshop (a.k.a., the Tri-Service Meeting) was held from February 9–13, 2004 at Naval Air Station, Jacksonville, Florida. The triennial workshop, sponsored by the Armed Forces Pest Management Board (AFPMB), is one of the premier opportunities for Army entomologists to stay current in their field and to network with entomologists from the other Services. Presentations ranged from Operations Iraqi and Enduring Freedom to West Nile virus surveillance, remote sensing/geographic information systems, remotely piloted vehicles for aerial spray, and others. There was also an expanded vendor display featuring the latest in pest management equipment and chemicals as well as an equipment demonstration from the U. S. Department of Agriculture (USDA) Center for Medical, Agricultural and Veterinary Entomology, Gainesville, FL. Our Human Resources Command personnel manager, MAJ



CPT Watanaporn Dehnenetra, 72B, center with ESOs, 1LT Barton Jennings, Left and Alison Winstead, Right deployed with the 520th TAML.

Aaron Silver, presented a career brief, which focused on writing officer evaluation reports and COLs Bob Thompson and Dave Burns also presented briefings communicating the Corps Chief's intent and the direction of the Medical Service Corps. Dr. Norman Gratz, former Chief, Ecology and Control of Vectors, World Health Organization, was also a featured speaker. Officers were also offered the opportunity to renew their Environmental Protection Agency (EPA) approved DoD pesticide applicator certification while attending the meeting. As always, the meeting was a great opportunity to share information among, and learn from, uniformed and civilian entomologists from the entire DoD community.

This year saw the development of the first Army Entomology Coin. The coin offered another way for members of the medical entomology community to communicate to others the great pride we have in our profession. The Coin Committee, headed by the team at Center for Health Promotion and Preventive Medicine (CHPPM)-West, CPT Jason Meckel, MAJ Sonya Schleich, and LTC Leon Robert did an outstanding job of designing and coordinating the development of the coin, which made its debut at the Tri-Service meeting in Jacksonville in February. Judging by the rapid rate at which the initial order sold out, entomologists are indeed proud of their profession and enjoy the camaraderie within it.

Integration

As the Army undergoes transformation, one of the major changes that is occurring involves the integration of the Services into a cohesive fighting force. Jointness will continue to be the way we operate. The medical entomology community is used to operating in a Joint environment through its decades old participation in the Armed Forces Pest Management Board (AFPMB) process. The AFPMB is the organization that provides pest management guidance and recommendations to DoD. Its Tri-Service staff supports a Board process that involves active duty,

reserve, and civilian entomologists in developing policy recommendations that they then execute.

The AFPMB also provided a new venue through which disease vector control capabilities could be enhanced across the entire DoD. COL Rich Johnson led an ambitious new research program at the AFPMB. The Deployed Warfighter Protection Against Disease-Carrying Insects Research Program (DWFP) was initiated as a \$5million per year DoD program geared towards the discovery and EPA registration of new public health pesticides, new formulations of existing insecticides, new or improved modalities for personal protection from biting arthropods, and improved efficacy for new public health insecticide application technology and equipment. The program is divided into two parts, the first of which is a USDA grants program to reinvigorate the historic relationship that USDA had with DoD, which led to many of the key discoveries in the arena of protection from disease vectors such as the personal repellent DEET, Ultra Low Volume pesticide spray technology, and clothing impregnation with permethrin, to name but a few. The other portion of the program is an open competitive request for proposals to universities and other research agencies. The research that the DWFP funds must focus on is products for use by deployed personnel and in the initial years the focus will be on flying insect control – mosquitoes, sand flies, filth flies, etc.

Army entomologists participated in many deployments this year. The list of destinations ranges from the obvious ones of Operations Iraqi and Enduring Freedom, to the Balkans, and South America. Operations and Exercises in the Pacific Rim were also supported by medical entomologists. In each case, officers rose to the challenges presented and have integrated well into the operations at hand to ensure the health of deployed forces. However, equally important have been the missions of all those TDA organizations that support the force. From preventive medicine staffs of medical treatment facilities, to the

CHPPM, the Defense Logistics Agency, and the Medical Research and Materiel Command, entomologists ensure the services and products they provide either prepare soldiers for, or support them in, their deployed status. Current worldwide operations have also brought home to us all the integration that is necessary among the components of the Total Army force. Active and Reserve Component entomologists repeatedly deployed as members of integrated teams. In an effort to achieve better coordination and visibility between the Active and Reserve Component entomology communities, a Reserve Component entomology consultant was recently identified for the Medical Entomology career field. He is LTC Jonathan Haliscak. LTC Haliscak and I will work together to enhance our support of our officers to enable them to achieve success.

Medical entomology continues to draw new people to it and so meets its recruiting goals each year by integrating these new folks into its ranks. This year saw the accession of CPTs Lewis Long, Sheryl Pedersen, and Elizabeth Wanja, and 1LT Stephen Garvin into the Active Component. The four were destined for first assignments at the 223rd, 227th, 926th Medical Detachments and CHPPM-South, respectively.

Successes

Medical Entomologists have once again been successful due to their



CPT Kendra Lawrence, enroute to Balad to teach the DoD pesticide recertification course.

devotion to duty, vision of the importance of their support to the field, and their high personal and professional standards. We achieve success as a community due in large part to our ability to take advantage of the many leader development opportunities afforded by positions within our specialty. Our successes continue to draw new people to us enabling us to consistently meet our recruiting goals, as well as resulting in our selection for field grade command, and our receiving recognition for successful careers. Our officers are part of a well integrated team that consists of uniformed and civilian entomologists from both the Active and Reserve Components. Additionally, Army Entomology is integrated into the larger DoD preventive medicine

mission through its integral involvement in the AFPMB process.

Challenges

Our specialty has risen to the challenge of supporting the Global War on Terrorism as it has to the many challenges it has faced over the years. The patriotism, technical proficiency, and devotion to duty that our officers bring to their careers serve them well in succeeding in the high operational tempo environment in which we find ourselves. The challenge remains to balance the demands of our many different missions with our personal and family needs to ensure we achieve all our goals. We ignore our families and friends at our own peril as they provide the support that enables us to accomplish our missions as well as

we do. It is crucial that we all ensure our personal affairs are always in order to enable us to do the fantastic work we do, comfortable that those closest to us are provided for and ready and able to support us.

Future of 72B Area of Concentration (AOC)

The future of our AOC never looked better. Outstanding leader development opportunities continue to be exploited by our superb officers resulting in their successfully competing for commands and promotions. Modest gains in detachment level unit assignments as well as a senior officer position on a deployed Medical Command staff all provide new opportunities for our soldiers to experience a varied and successful career.



CPT Joshua training 6A-F5 students at the AMEDD Center and School.



CPT Darryl Forest with a Polish Convoy Commander.



CPT Jason Squittier conducting a rodent survey in Afghanistan.



72C - Audiology

72C - Audiology



COL David Chandler
Consultant

General Schoomaker, Chief of Staff of the Army, has directed that we “keep the Soldier at the centerpiece of all that we do.” Throughout 2004, Army Audiology has continued to uphold this directive despite significant challenges and resource constraints within the Army Medical Department (AMEDD), and the ongoing operational demands of the Army. Audiology and Hearing Conservation (72C) officers have supported the Nation’s combat and peacekeeping missions throughout the world while concurrently maintaining mission readiness.

Force Health Protection

Deployment health continued to be the top priority for Army Audiology in 2004. Army Audiologists served active roles in deployments to Operation Iraqi Freedom (OIF), Kosovo, Bosnia, and the Balkans. During 2003, Soldiers with ear and

hearing-related problems were being medically evacuated out of OIF at a rate of 45-60 Soldiers per month. Since January 2004, the 72C Area of Concentration (AOC) has deployed Audiologists – MAJ Jennifer Johnson, MAJ Eric Fallon, and (currently) CPT Lisa Whitney – to the 29th, 31st and 86th Combat Support Hospitals (CSH), Baghdad, to provide Hearing Conservation and Audiology support to U.S. forces. Despite not having the authorization, resources, or required equipment at the 31st CSH, 72C officers readily fulfilled this mission. The 72Cs deployed, taking with them the necessary audiometric equipment to set up clinical audiology services, and immediately curtailed the medical evacuation out of theater of Soldiers with ear and hearing disorders. To date, more than 1100 OIF Soldiers have received audiologic services in theater that would have otherwise not been provided, or would have required evacuation. Further, the 72C officers in OIF continue to provide hearing conservation services such as: technical assistance on improving communication in noise through communication enhanced hearing protection systems; providing and instructing Soldiers on use of combat arms earplugs; survey and remediation of noise hazards; and assisting with establishing hearing test sites and training technicians to conduct testing of Soldiers at multiple locations throughout OIF.

In US Army Europe, the 72C officers at the Center for Health Promotion and Preventive Medicine – Europe (CHPPM-EUR) maintained support for the hearing conservation mission throughout the Balkans and Middle East. CPT Scott McIlwain and CPT Kel Kratzer deployed to several bases (Eagle Base, Bosnia; Camp Bondsteel, Kosovo; Camp Doha, Kuwait) to field the latest Defense Occupational Environmental Health Registry Systems for Hearing Conservation (DOEHS-HC). These officers also trained technicians to maintain 60 hearing conservation test sites for deployed Soldiers in this region and throughout Europe.

Across the rest of the Army, 72C officers supported 21

mobilization sites, which deployed more than 220,000 Soldiers in support of Operations Iraqi Freedom (OIF), Enduring Freedom (OEF), and Noble Eagle. Hearing conservation services provided at these sites included pre- and post-deployment hearing assessments, fitting of hearing protection, and medical records processing. More than 307,000 pairs of combat arms earplugs were issued to U.S. forces during fiscal year 2004 (FY04), largely due to the efforts of 72C officers.

Current Challenges

Noise-induced hearing loss among Soldiers is increasing as the Army transitions from a garrison-based force to an expeditionary force with over 300,000 Soldiers deployed in 120 different countries. At the peak of combat operations in OIF, hearing loss was the 4th leading reason for post-deployment medical referral for returning Soldiers. Acoustic trauma is a most obvious problem for deployed Soldiers. Between March 2003 and December 2004, 1428 Soldiers in OIF and OEF had blast related injuries, accounting

COL Dave Burns (former Deputy Chief, Medical Service Corps) at Military Audiology Short Course recognizes CPT Scott McIlwain for his deployment support to soldiers.



for 67% of all wounded in action evacuations from Iraq and over 35% of those from Afghanistan.

Army Audiologists serving in Iraq, Europe, and CONUS have evaluated and treated several hundred Soldiers with ear and hearing-related complaints. Of 5000 post-deploying



Members of the 714th Med Det (PM), commanded by MAJ Eric Fallon, conduct water surveys during Operation Iraqi Freedom.

72C officers and 91WP2 technicians provide Hearing Conservation services in supporting of Soldier Readiness Processing (SRP) across the Army, ROTC Advanced Leadership Camp, and Basic Training installations.



Soldiers evaluated to date across the Army, over 28% of have hearing loss. About 31% of all Soldiers evaluated report exposure to acute acoustic/blast trauma during deployment and 72% of those Soldiers reportedly exposed to blast have hearing loss.

While acute acoustic trauma may not always be anticipated, we have the knowledge, experience, and technology available to protect Servicemembers against noise-induced hearing loss. What is lacking is sufficient resources to provide adequate hearing conservation services to our Soldiers. Since 1990, the AMEDD has reduced the number of active duty Audiologists from 73 to 25 authorizations; another six authorizations are to be eliminated within the next three years. Of these 48 eliminated Army audiology positions, only 26 vacancies have been filled – 25 with civilian clinical audiologists and only one hearing conservation audiologist.

Consequently, there is poor compliance with hearing conservation requirements across the military services. Installations without a 72C officer have a limited or no hearing

conservation program at all. In the Army, only 38% of those Soldiers that require an annual audiogram received one last year. Some might attribute this to the large numbers of Soldiers that are deployed. However, compliance is not much better for Department of Army (DA) civilians that require audiometric monitoring (and typically not deployed); only 48% of required DA civilians received hearing tests last year. Additionally, hearing conservation services at basic training sites are limited or non-existent, despite the Department of Defense requirement to provide such services.

Given current military operations and increases in numbers of combat forces, it is easy to understand why noise exposure is the greatest that it has been in more than 30 years. After 14 consecutive years of decline, the Veteran's Administration (VA) has shown steady increases in disability claims for service-connected hearing loss from Army veterans for the past 3 years (Figure 1). In 2003, the percentage of increase in claims was the highest in more than 17 yrs. Yet, the peak in claims from service members serving today likely will not be seen for another 10-20 years given the time lag between when Soldiers experience hearing loss and when they file for VA disability.

The few remaining active duty Audiologists are working to extend their impact and expertise by partnering with other preventive medicine and occupational health professionals. The challenge of maintaining the Army Hearing

Conservation Program is significant as the number of 72C officers providing those services are reduced without a plan of action to sustain the mission.

The Way Ahead

Several initiatives have been established to optimize remaining 72C resources and to promote Hearing Conservation across the Army. In September 2004, a new individual mobilization requirement was implemented in the Personnel Policy Guidance (from Army G-1) to require hearing protection and a baseline reference audiogram (DD2215) for all deploying Soldiers. The 72C officers and audiologists from CHPPM are working with mobilization sites across the Army to ensure that sites have appropriate equipment and trained personnel to accomplish this mission.

Army 72C officers also continue to actively protect the readiness of our future Army. In April 2004, US Army Medical Command and Training and Doctrine Command agreed to implement the provision of hearing conservation services at all Army Basic Training centers; this has been an Army requirement for over 25 years but never enforced. Presently, 72C officers at Fort Benning and Fort Sill ensure that all in-coming trainees receive 100% hearing conservation services, including baseline reference audiograms, hearing health education training, and fitted hearing protection. A 72C officer has been assigned at Fort Jackson to activate a program there, and projections are underway to initiate similar programs at Fort

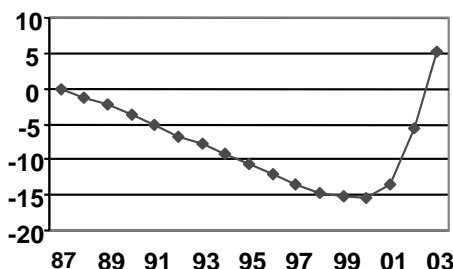


Fig. 1

Knox and Fort Leonard Wood over the next few years. At Fort Lewis, MAJ Marjorie Grantham led a team that provided hearing conservation services, health education, and hearing protection for over 5100 Reserve Officer Training Corps cadets attending the Advanced Leadership Camp.

The 72C AOC has been working with AMEDD Center and School to revise the training curriculum for Preventive Medicine specialties (i.e., 6A-F5, 6A-F6 Preventive Medicine courses; 91S Advanced Individual Training), to include more hearing conservation training. The 72C has actively worked to revise several Army regulations, policies, and field manuals to emphasize hearing conservation measures and guidance for Soldiers. The Directorate of Combat Doctrine and Development (DCDD) is conducting a requirements study to develop the role of 72C officers in deployed and TO&E organizations.

Active auditory research programs continue to develop and produce technology that protect Soldier's hearing and enhance their communication ability in tactical situations. Deployed Soldiers are using the combat arms earplugs (Fig 2) in tactical operations with great success. Repeated incidents have occurred in which Soldiers wearing earplugs while on patrol were exposed to acute acoustic trauma, such as blasts from improvised

explosive devices. In almost all cases, those Soldiers wearing earplugs did not sustain ear injury while Soldiers not wearing earplugs did sustain ear injuries (e.g., ruptured eardrums, hearing loss). The Communication Enhancement



Fig 3

Protection System (CEPS Fig 2), developed for Army aviators by US Army Aviation Research Laboratory, has been successfully adapted for use in tactical vehicles in OIF and OEF. Auditory research projects underway at US Army Aeromedical Research Laboratory and US Army Research Laboratory currently include investigating the use of antioxidants to protect against, or reverse damaging effects from, hazardous noise in the inner ear.

The contributions of Army Audiology are as evident in 2004 as they have been for the 37 years that the AOC has existed. For over 20 years, Hearing Conservation has been the showcase program of Army

Preventive Medicine. In 1974, 51% of all combat arms Soldiers with more than 10 years of service had significant (>H-2 profile level) hearing loss; 23% of all combat arms Soldiers had such hearing loss after two years of service. The Army Hearing Conservation Program was established and promoted by 72C officers and by 2003 the prevalence of significant hearing loss among combat arms Soldiers had been reduced to 12% for those with more than 10 years of service and 8% after two years (Figure 4).

Yet, the gains and success of the hearing conservation program is in jeopardy with continued elimination of 72C authorizations, diminishing emphasis and command support for hearing conservation, and absence of the infrastructure to sustain the program. If the current trend is maintained, projections are that between 25% and 30% of all combat Soldiers will have significant noise-induced hearing loss by 2012. The 72C AOC remains committed to protecting Soldiers' health and readiness, but this commitment must be backed with sufficient resources and command emphasis if we are to maintain the viability and success of hearing conservation in the Army.



Fig 2

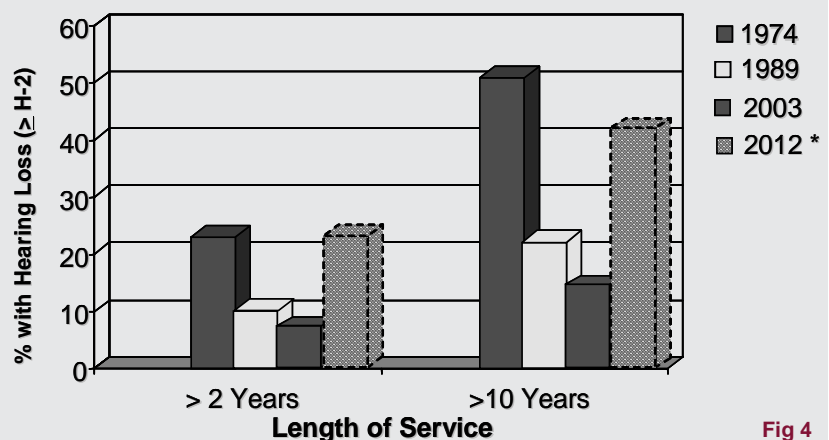


Fig 4

72D - Environmental Science/
72E - Environmental Engineering

72D - Environmental Science/72E - Environmental Engineering



COL John Ciesla
Consultant

The Environmental Science and Environmental Engineering specialties continue to provide critical support to the Army Medical Department (AMEDD) and the Army during a time of tremendous challenge to our Nation. Our officers and enlisted specialists (91S-Preventive Medicine Specialist) are increasingly sought to provide technical and military leadership across the operational spectrum. Whether deployed in support of the Global War on Terrorism, providing technical support for Homeland Defense activities, or guiding day-to-day efforts at Army installations around the world aimed at protecting the health and readiness of our soldiers, civilians and family members, our personnel have never been more important. The following items are just a sample of the myriad activities in which Environmental Science Officers, Environmental Engineers, and Preventive Medicine Specialists are involved.

The Global War on Terrorism

Undoubtedly, there was no higher visibility mission for our personnel in 2004 than our support to ongoing operations in Afghanistan, Iraq, and across the US Central Command (CENTCOM) area of responsibility.



CPT Alex Giambone in Afghanistan.

Our officers and enlisted specialists who are assigned to TO&E preventive medicine units have achieved unprecedented success in accomplishing a broad spectrum of preventive medicine support to include deployment occupational and environmental surveillance (DOEHS) tasks, disease surveillance, and field hygiene and sanitation oversight and guidance for deployed forces. Although security requirements preclude full disclosure in this report, some key events can be noted. From August 2003 to May 2004, CPT Alex Giambone (72E) served as the Chief of Preventive Medicine for Coalition Task Force Warrior in Afghanistan. There he provided support in all aspects of preventive medicine planning and implementation to include: medical threat analysis, health surveillance and exposure monitoring (including routine air and water sampling), food safety, field sanitation and hygiene, pest management, and environmental protection. He and his team provided this support to Servicemembers of all branches, Department of Defense (DoD) civilians and contractors, and coalition forces from Italy, France, and Romania. Although based at Kandahar Airfield, CPT Giambone provided direct support to infantry firebases throughout the theater. He and his Soldiers used the knowledge gained from these frequent site visits to develop a comprehensive site survey checklist, which he shared with preventive medicine units deployed throughout CENTCOM and the Army Medical Department (AMEDD) Center and School (C&S) Directorate of Combat and Doctrine Development.

MAJ Christine Moser (72D) deployed to Kuwait and served as the US Army Center for Health Promotion and Preventive Medicine (USACHPPM) liaison to the Coalition Forces Land Component Command (CFLCC) and 3rd Medical Command (MEDCOM). She worked closely with COL Michael Doherty, Reserve Environmental Engineer, CFLCC/3rd Army Force Health Protection (FHP) Officer; MAJ Tim Bosetti (72E), CFLCC/3rd Army FHP Officer; LTC Dennis White,

Reserve Entomologist (72B), 8th Medical Brigade; MAJ Messmer, Reserve Environmental Science Officer, and 200th Medical Detachment (Sanitation). While deployed as the USACHPPM liaison, MAJ Moser had the opportunity to brief the deployed preventive medicine personnel (environmental science,



environmental engineers, and entomologists) from the Air Force, Army, and Navy at the Multi-National Corps – Iraq (MNC-I) (formerly CJTF-7) Preventive Medicine portion of the Surgeon's Conference in Baghdad, Iraq about DoD's efforts to archive Theater Preventive Medicine information and the development of a secure website from which this information will be readily available for use by leaders and decision makers in the field.

In September and October of 2004, 1LT David Lowe (72D), 1LT Douglas Barrickman (72A), and SSG Malisha Moreno (91SN4), deployed from USACHPPM-Main to As Samawah, Iraq, to conduct a joint radiological and environmental base camp assessment. After processing through a CONUS Replacement Center at Fort Bliss, the team arrived in theater and moved to Camp Victory in Baghdad, Iraq. At Camp Victory, the team met up with LT Shelton Lyons, a US Navy Environmental Health Officer working for the MNC-I Surgeon's cell. While waiting for movement to their site, the team met with MAJ Joanne Cline, Commander of the 133rd Medical Detachment. The 133rd Medical Detachment is responsible for the majority of the preventive medicine operations in the

From L-R: Naval Lieutenant Shelton Lyons, MNC-I Env Hlth Officer; SSG Malisha Moreno, CHPPM; LT Douglas Barrickman, CHPPM (pictured below, middle); Lieutenant Renfrum, Royal Netherlands Army; LT David Lowe, CHPPM (pictured below, bottom).



Baghdad Area of Operations and remains extremely engaged. After a brief transit through Basrah, the team arrived at their destination in southern



Iraq. While on-site, the team was supported by an element of the 13th Netherlands Battle-group. Under the watchful eye of a Dutch Army platoon providing security, the team was able to sample the site extensively, looking for potential radiological and environmental hazards. After taking numerous air, water, and soil samples, the team made their way back through Basrah to Baghdad and readied the samples for shipment back to USACHPPM.

A Deployment Occupational and Environmental Health Surveillance



(DOEHS) Team consisting of USACHPPM and USACHPPM-Europe team members and led by MAJ(P) Tom Delk (72D), CHPPM-Europe, recently redeployed from a 30-day mission in Uzbekistan and Afghanistan. The Coalition Forces Land Component Command (CFLCC) Commander requested that USACHPPM deploy a multi-functional team consisting of Environmental Engineering, Industrial Hygiene, and Health Physics professionals to address occupational and environmental health issues associated with Operation Enduring Freedom. In response to this request, USACHPPM deployed a Special Medical Augmentation Response Team-Preventive Medicine (SMART-PM) consisting of three USACHPPM and USACHPPM-Europe members to the Combined Joint Task Force (CJTF)-76 area of operations. The team conducted follow-up DOEHS at Karshi Khanabad (K2) Airbase, Uzbekistan, and Bagram Airbase, Afghanistan, as well as baseline DOEHS at Forward Operating Base (FOB) Salerno, Afghanistan. All three phases of the on-site mission were completed in 30 days, and the Team collected more than 300 ambient and indoor air, soil, surface wipe, water, and radiological samples and forwarded them to USACHPPM and USACHPPM-Europe Directorate of Laboratory Sciences for analysis. The team will incorporate these sample results into a comprehensive Operational Health Risk Assessment Report no later than 1 December 2004 to assist the CJTF-76 Commander in managing any undue health risks.

Support to Army Transformation

The greatest challenge to supporting Army transformation came during the summer of 2004 with the re-set of the 3rd Infantry Division (3ID) to its new organizational structure. Where in the past a single Environmental Science Officer had been assigned to the Division, the new structure called for one Environmental Science Officer (along with a 91S) to be assigned to each Brigade Combat Team (BCT) as well as the new Unit of Execution

Left to right, Mr. Jim Sheehy (72E equivalent), SGT Paul Ebohon (91S), CPT Michael Heitt, (72A), CPT Mark Clayton (72D), SGT Jennifer House (91S), and MAJ Tom Delk (72D) during DOEHS mission in support of OEF.



(UEX). Consequently, five officers were required to move on very short notice to Fort Benning and Fort Stewart to meet this requirement. CPT Derek Irminger (72E) – who was already assigned to 3ID – played a key role in facilitating the integration of the arriving environmental science officers: CPT Mark Hayden, CPT Lalani Pillay, CPT Randy Leon, CPT Nicole Zuena, 2LT Bob Peterson, and 2LT Elizabeth Barnhardt. Although originally slated for assignment to 3ID, CPT Paul McBride (72E) accepted assignment to a new position with the 173rd Airborne Brigade in Vicenza, Italy, and 1LT Jessica Grembi and CPT Scott Vial moved to new UA assignments at Fort Drum with the 10th Mountain Division. This re-set of the Army's 10 Divisions to the new UEx/BCT organizational factor will play an important role in assignments of Environmental Science Officers and Environmental Engineers for the next several years.

MAJ Paul Lyons (72D) guided several initiatives at the Directorate of Combat Development (DCDD) at the AMEDD C&S that will enhance our ability to provide support to a transforming Army. Personnel at DCDD have been working closely with personnel at Proponency Office for Preventive Medicine-San Antonio (POPM-SA) on the development of OEHS documents. They assisted with the development of the Deployment Occupational and Environment Health Risk Management (DOEHRM) plan. The DOEHRM is an Army G-3 lead document, but AMEDD personnel conducted most of the writing and staffing in an effort to expedite the process. DCDD personnel also co-

hosted a 2-day meeting with POPM-SA to develop the MEDCOM implementation plan of DOEHRM. Personnel at DCDD are attempting to accelerate the incorporation of Health Surveillance into the Army. DCDD continues to monitor, improve and update the AMEDD field manuals (FMs). FM 4-02.17 is currently under revision and is expected to be completed in Fiscal Year 2005. DCDD is convening a group of subject matter experts to assist with the improvement and validation of the new FM 4-02.17. Representatives from all levels of Preventive Medicine (company through Office of The Surgeon General) will participate in the process. This collaborative effort will accelerate the writing process and will ensure the new FM is a complete, comprehensive, and relevant document. As part of the requirements process, personnel at DCDD with contractor support are in the process of writing an Infectious Disease Initial Capabilities Document to identify the gaps in required capabilities for fighting infectious diseases. This broad scope document will cover the development of all preventive products associated with infectious diseases to include vaccines, surveillance equipment, barrier products, etc. DCDD personnel have also been working on completing other requirements documents. These include the resolution of the Smallpox and Nerve Agents Antidote Delivery System Operational Requirements Document, and the staffing and briefing of the Human Immunodeficiency Virus Vaccine Operational Requirements Document (HIVV ORD). HIVV ORD is scheduled to appear before the Joint Requirements Oversight Committee in late October for approval. This fiscal year DCDD begins a new cyclic review of all preventive medicine medical equipment sets. DCDD continues to monitor and upgrade preventive medicine sets, kits, and outfits (SKOs). An example of a recent change was the addition of a new microscope and microscope light source to the Entomological medical equipment set. DCDD is in the process of adding the Stinger

(improved version of the SPELL) to the Preventive Medicine detachment TOE. The Stinger has received approval from the Armed Forces Pest Management Board. DCDD also initiated the deletion/removal of the Pesticide Dispersal Unit from all Army Preventive Medicine Detachments and Area Support Medical Battalions. DCDD is in the process of recommending a change to the Preventive Medicine Detachments basis of allocation from the current 1 per 17,000 population supported to 1 per 12,000 population supported. This initiative will help distribute and reduce a detachments workload. Additionally, DCDD is in the process of updating the Preventive Medicine Manning and Requirements Code (MARC). The last MARC update for Preventive Medicine was conducted in 1988. The new MARC will reflect the increased mission and scope of the preventive medicine elements on the modern battlefield. Finally, DCDD has been working closely with Fort Leavenworth Combined Arms Center (CAC), Military Police Branch, Military Intelligence Branch, and others to address the findings of the Department of the Army Inspector General (DAIG), report on prisoner internment. DCDD addressed the medical implications that were brought forth by the DAIG's report and provided comprehensive recommendations and is assisting the CAC lead with the development of the US Army Training and Doctrine Command (TRADOC) Detainee Operations Plan.

Support for Health and Readiness Worldwide

Environmental Science Officers and Preventive Medicine Specialists assigned worldwide to Medical Activity Preventive Medicine Services continued to provide critical support for health and readiness through our installation based environmental health and industrial hygiene programs on a day-to-day basis in collaboration with CHPPM. 1LT David Lowe (72D), 1LT John Lavoie (72E), and SGT Laura Williams (91S20) from CHPPM-Main, with assistance from members of the Tank Automotive

Command (TACOM), recently completed a two-year investigation of the potential high incidences of corrosion in M149A2 and M1112 400-gallon water trailers. The main concern associated with the corrosion was the health risk to the Soldier from consumption of the water which may contain heavy metals from the corroded tanks. The investigation consisted of field inspections of water trailers used by field units at Fort Hood, Fort Sill, and Fort Bragg, as



well as extensive statistically-relevant water sampling. From the data that was collected, the risk assessment from consuming water from tanks where corrosion was significant was low. In addition to the investigation on the effect of water quality, 1LT Lowe, 1LT Lavoie, and SGT Williams identified multiple and consistent manufacturing and maintenance flaws through the inspections and made recommendations for improvement to TACOM. Corrective actions are currently being worked on to limit corrosion on existing and future water distribution and storage equipment, such as the CAMEL.

MAJ Anthony J. Intrepido (72D) served as a committee member on the Environmental Protection Agency's Technical Review Work Group and Environmental Clearance Committee for providing recommendations for the remediation and re-entry into two facilities previously contaminated with *Bacillus anthracis*. The first was the Government Services Administration and Distribution Center, which is responsible for sorting White House Mail and the second was within the building formerly known as the AMI Building in Boca Raton, Florida, the site of the first anthrax death by inhalation in 2001. MAJ Intrepido was also selected as an Emerging Leader in Environmental Health by the Centers for Disease Control and

Prevention and the National Center for Environmental Health, was awarded the 2004 John J. Bloomfield Award by American Conference of Governmental Industrial Hygienists and was chosen as a 2004 Gold Medalist by the Maryland Federal Executive Board in the Excellence in Federal Careers Program.

CPT Donald Moore (72D) served as Theater Preventive Medicine Officer, NATO Kosovo Forces (KFOR), Operation Joint Guardian, from March to July 2004. He provided technical guidance and expert consultation while coordinating policy, plans, and programs for preventive medicine,



environmental public health, and force health protection to Combined KFOR, Multi-National Brigades, and Troop Contributing Nations. He also served as the Medical Liaison Officer to the National Institute of Public Health of Kosovo World Health Organization, United Nations, Non-Government Organizations, and International Health Organizations and assisted the KFOR Theater Surgeon with medical operations and coordinating actions which sustained the health and medical readiness of the command.

Education and Training

The Environmental Quality Branch (EQB), AMEDD C&S has had a productive year focusing on its mission to provide the highest level of training in environmental health designed to maximize Medical Force Health Protection during all military operations. This past year is highlighted by a high turnover in instructor personnel, a transition to a new training management system, and specialized training for Joint preventive medicine personnel tasked to support Army units in Operation Iraqi Freedom.

This past year, approximately 30 72D/Es graduated from the Principles of Military Preventive Medicine Course (6A-F5), 12 from the Preventive Medicine Senior Leaders Course (6A-F6), and 210 soldiers from the Preventive Medicine Specialists Course (91S). In addition, EQB was able to take the Basic Industrial Hygiene Course (BIH) on the road to Japan and Korea and train 46 military personnel.

EQB has continued to maximize the use of information technology by organizing and automating all preventive medicine courses and lessons plans into a networked database used by all TRADOC schools. The Automated Systems Approach to Training (ASAT) database contains all administrative and technical data for the Preventive Medicine Specialist (91S) MOS Course (active and reserve component), Basic Non-Commissioned Officer Course (91S track), Officer Basic Course (72D/E track), Basic Industrial Hygiene Course, and the Intermediate Industrial Hygiene Techniques Course. This database allows instructors to view, update, and print lesson plans as well as PowerPoint presentations for all classes taught at the AMEDD C&S. In addition, this database can be used as a tool to document required instructor contact hours, preventive medicine equipment, automation equipment, and classroom space. The newly assigned CPT Shannon Shaw (72D) was able to incorporate all EQB courses into the system by the 30 September cutoff date.

The EQB has jointly conducted four Deployment Occupational and Environmental Health Surveillance & Preventive Medicine Courses with CHPPM that were specifically developed for the Air Force and Navy Preventive Medicine units that would replace corps-level Preventive Medicine detachments in support of OIF. These courses focused on teaching the basics of Army and AMEDD operations and the technical and operational risk management procedures for deployment environmental and occupational health surveillance. MAJ Suellen

Dennett (72D) has spearheaded this effort, which has trained over 80 Joint personnel.

The challenge for EQB in the near future is to incorporate Warrior Tasks into the Preventive Medicine Specialist Course, provide specific training for Individual Ready Reserve personnel deploying, and prepare for an increase in the number of junior 72D/Es going to the newly formed Units of Action.

Conclusion

The future for Environmental Science Officers and Environmental Engineers in the Medical Service Corps and Army will continue to be exciting and full of enormous potential for personal and professional development. With the increased emphasis by the Army on Force Health Protection in a global environment, our officers will continue to play an indispensable role in the AMEDD's mission to "conserve fighting strength." I am both humbled by and grateful for the dedication and sacrifice exhibited by our officers at all levels, every day. There has never been a better – or more important time – to serve our Nation. Lastly, I want to thank our former Consultant and Assistant Corps Chief, COL Bob Thompson. I am sincerely indebted to COL Thompson for his great service and for giving me such a solid base to build on over the next few years.



L-R 1LT Vial (72D), MAJ Silver (72D) and CPT Hasch, 67J at the MSC Award of Excellence Luncheon.

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Assistant Corps Chief for Social Work, Clinical Psychology, Pharmacy, Optometry, Podiatry



COL George Adams

*Assistant Corps Chief for
Behavioral Sciences, Pharmacy,
Optometry and Podiatry*

Social Work, Clinical Psychology, Optometry, Pharmacy, and Podiatry are vital components of the Medical Service Corps and are responsible for direct patient care for our Soldiers, family members, retirees, and all eligible beneficiaries.

Each consultant has written an overview of their specialty keying on the past year's successes, challenges for the next year and future years, and initiatives designed to meet those challenges. We are undergoing unprecedented change with Army Transformation while also fighting the Global War on Terrorism. Emphasis has been placed on Recruitment and Retention incentives to attract and retain quality officers to provide health care for beneficiaries. Wherever possible, success stories of individual officers have been included.

There is no better time to be a vital part of our Army. We must enthusiastically embrace the opportunities before us and to lead the way in supporting the MSC and Army Visions. We truly are an integral part of the AMEDD mission and should remain relevant to the transforming Army. Although your clinical skills are crucial you must also remember the Warrior Ethos and take the time to train in your warrior tasks so that you are the true MSC Soldier-Leader.

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73A - Social Work Services

73A - Social Work Services



COL Virgil Patterson
Consultant

The mission of Army Social Work is to sustain military readiness by enhancing the quality of life of service members, military families, commanders, and their units. The social work mission is performed within the fields of corrections, inpatient and outpatient hospital care, the Army Substance Abuse Program (ASAP), the Family Advocacy Program (FAP), the Exceptional Family Member Program (EFMP), TOE units (Combat Stress Control/Division Mental Health Services), and headquarters staff assignments. Social workers may also be found working in research and teaching assignments. During Fiscal Year 2005 (FY04), Active, Reserve, and Army National Guard social workers were deployed to Afghanistan, Uzbekistan, Kuwait, Kosovo, and Bosnia. We have aggressively supported continued operations in Iraq and Kuwait in support of Operation Iraqi Freedom (OIF).

Successes

Army Social Work remains committed to providing far forward, on the ground behavioral health services to the service members deployed around the world in support of the Global War on Terrorism. During FY04, roughly 100 Active and Reserve Component Social Work Officers deployed in support of OIF I & II. Commanding Combat Stress Control (CSC) units in support of OIF were LTC David Rabb, 785th Medical Company (CSC) and MAJ Edward Brusher, 98th Medical Detachment (CSC). Command staff officers included LTC Reginald Howard, 62nd Medical Brigade; LTC Fred DeBois, 30th Medical Brigade; LTC Daniel Moriarty, 804th Medical Brigade; CPT Jeff Greenlinger, 2nd Medical Brigade; and

MAJ Nancy Ruffin, 1st Medical Brigade. LTC Spencer Campbell deployed with the 44th Medical Brigade as the command CSC staff officer in support of Operation Enduring Freedom. COL Patterson continues to head the Mental Health Advisory Team (MHAT). In December of 2003, the MHAT published the results of its initial mission into Iraq to assess and provide recommendations vice OIF related mental health (MH) issues. The MHAT returned to Iraq in August of 2004 to follow up on the results of that report. The MHAT II report is pending. Eight Social Work Officers were promoted to Captain, five Social Work Officers were promoted to Major, and one was promoted to Lieutenant Colonel.

The Behavioral Health Division's (BHD) Army Central Registry (ACR) mission has been subsumed by the Behavioral Health Research Cell. The mission of the ACR is to maintain an Army-wide, centralized data bank containing a confidential index of victim-based reported spouse and child abuse cases. This mission has been subsumed under the Behavioral Health Research Office (BHRO) which provides statistical analysis for the BHD.

The BHD is upgrading the Child and Spouse Abuse Reporting System (CSARS). The new system will be web enabled and released in FY05.

Research Triangle Institute (RTI) is working with the Family Advocacy Program (FAP) and Army Center for Substance Abuse Programs (ACSAP) to determine the co-occurrence of domestic violence and substance abuse. This research will continue into FY05.

The Deployment Cycle Support Program (DCSP) Care Manager (CM) program is funded for an additional year with Global War on Terrorism (GWOT) funds to provide the coordination of behavioral health services to Soldier's and family members at high risk for behavioral health disorders associated with fighting the GWOT. There are currently 66 CMs at 22 separate installations.

Army Social Work remains committed to advancing our professional standing through Long Term Health Education

and Training (LTHET). Graduating with Doctorate Level degrees in the field of Social Work during FY 04 were MAJ Jeffrey Yarvis, MAJ Donlad Neff, and MAJ Dwayne Elder. Additionally, CPT Jill Henderson, CPT Devvon Bradley, and CPT David Cabrera were selected for LTHET leading to a Social Work Doctoral Degree.

Challenges/Initiatives

One of the primary challenges to present and future Army Social Work is to retain quality Social Work Officers. Both initial entry and veteran Social Work Officers face continued stressors while serving an Army at War. Social Work Officers enter active duty with a direct commission. Many initial tour Social Work Officers have had difficulty adapting to the requirements of the military lifestyle. Social Work continues to explore ways to support our officers through innovative opportunities to develop clinical and Soldier skills as well as teach and mentor. Social Work has expanded social work internships for new accessions to teach the skills required to provide competent leadership and clinical services on today's battlefield. We have also begun placing veteran officers in key leadership and training facilities to allow regeneration time, provide relevant lessons learned in the development of future force doctrine, and mentor incoming behavioral health personnel.

Once past the initial assignment, there are few retention challenges for Army Social Work. Army Social Workers have the opportunity to attain their doctoral degree through selection to Long Term Health Education and Training. Similarly, there is a training opportunity to attend a two-year Child and Family Fellowship at Walter Reed Army Medical Center. Additionally, Army Social Work Officers with the highest credentials (Board Certified Diplomat) are eligible to receive pro-pay in varying amounts depending on their time in service.

Army Social Work is actively seeking to commission those with prior military experience to reduce the initial entry challenges of most direct commission social workers that have little or no exposure to the military.

73B - Clinical Psychology

73B - Clinical Psychology



COL Bruce Crow
Consultant

On behalf of Army Clinical Psychology, I would like to say a heartfelt thank you to COL Ed Crandell for his seven years of dedicated leadership as OTSG Clinical Psychology Consultant. COL Crandell relinquished duties as Consultant in July 2004, and during his tenure Army Psychologists have assumed a prominent role in Army and military Behavioral Health. COL Crandell achieved a high degree of visibility for the contributions of Army Psychologists that resulted in growth of new 73B authorizations, particularly among TOE units. He was also responsible for many improvements in credentialing requirements, professional practice standards, and leader development policies that significantly increased integration of Psychologists into the staffs at our Military Treatment Facilities. Fortunately, COL Crandell's depth of experience remains within reach in his new position as Chief Psychologist at Womack Army Medical Center at Ft. Bragg. Thanks Sir!

The Global War on Terrorism demands a considerable amount of support from Army Psychology. Several Psychologists from both the Active and Reserve Components have deployed to combat zones in Afghanistan and Iraq and have deployed on special missions to Guantanamo Bay and elsewhere in support of GWOT. These Psychologists have performed magnificently in adverse and austere conditions to help Soldiers manage the stresses and rigors of combat. Psychologists in Europe and CONUS have stepped forward with new Soldier

support initiatives for medical and psychiatric evacuees as well as a host of post-deployment support activities. The continuing terrorist threat requires that we remain highly committed to Soldier and family support in ways we may not have imagined a few years ago. New attention has been focused on pre and post deployment behavioral health screening, healthcare provider compassion fatigue, support of family and Soldiers separated by frequent long deployments, and unique challenges for our mobilized Reserve Component Soldiers.

Army transformation continues at a rapid pace with additional Stryker Brigade Combat Teams coming on line, and restructuring of Divisions through the Units of Action initiative. Each SBCT will have a Behavioral Health Officer, either a 73A Social Work Officer or 73B Clinical Psychologist. The Unit of Action Divisions will now have one additional Behavioral Health Officer, also either a 73A or 73B. This increased emphasis of brigade level support significantly improves access to behavioral health providers by Soldiers, and provides commanders increased access to a behavioral health consultant.

The Army Surgeon General dispatched a Mental Health Advisory Team (MHAT) to Iraq August-October 2003 to review the status of behavioral healthcare in Operation Iraqi Freedom. Although the team confirmed that forward positioned combat stress personnel were highly

effective in returning Soldiers to duty, it was determined there was a need to revise combat stress doctrine and improve training for behavioral health providers. The team also reviewed suicide among OIF Soldiers and recommended that the Army better adapt its garrison-based suicide prevention program to the tactical environment. The full report is available via the News and Media link on the AMEDD home page (www.armymedicine.amedd.army.mil). At this writing a second MHAT team is conducting a one year in-theater reassessment of OIF behavioral health. Both MHAT teams included senior Army Psychologists.

One specific MHAT recommendation was immediate Army-wide implementation of the AMEDD Suicide Event Report (ASER) that was still under development. DA accepted the recommendation and the Surgeon General's Office issued implementing guidance in March 2004. Army Psychology was assigned proponentcy for the ASER through the auspices of the Army Behavioral Health Technology Office (ABHTO). Behavioral health providers will complete the ASER following Soldier suicide behaviors that result in death, hospitalization or medical evacuation. The ASER and instructions for completing the report are available online, and all Psychologists should review and bookmark the ASER website at <https://aser.amedd.army.mil>. The ASER will be a valuable tool for improving our understanding of Soldier suicide and enhance Army suicide prevention activities. Provider familiarity and compliance with the new ASER requirements has been challenging. Psychologists can help by promoting awareness of the ASER among their installation or facility behavioral health colleagues.

In addition to ASER proponentcy, Psychologists from the Army Behavioral Health Technology Office continue to develop a range of technology initiatives, notably in the area of electronic behavioral health documentation. Important milestones



LTC Joe Pecko, 73A and CPT Ricardo Reyes, 72A in Iraq.

have been achieved with the implementation of a CHCSII documentation system at Eisenhower Army Medical Center (EAMC) for documenting behavioral healthcare. Documentation practices have become standardized among psychology, psychiatry and social work at EAMC, leading to reduced time for completing provider notes and improved continuity of care.

Psychologist contributions at USACHPPM led to several new Soldier tip cards and training materials in response to the MHAT findings. These cards provide concrete guidance on how Soldiers can help each other cope with deployment separation, exposure to casualties, and stress during military operations. USACHPPM printed and distributed over 700,000 copies of these cards in support of OIF.

USACHPPM has also been actively assisting with development of the Combat Operational Stress Control – Workload and Activity Recording System (COSC-WARS). The COSC-WARS program is an automated system that captures sub-clinical, administrative, and workload data from behavioral health professionals providing COSC services in theater and in garrison. USACHPPM developed software, purchased 15 handheld computers, and deployed both the computers and software to two COSC units in OIF for pilot testing of the system. Once finalized, the COSC-WARS program will allow for detailed surveillance of combat and operational stress reactions.

Army Psychologists continue to be in high demand for wartime deployment and special Soldier support missions.

Many of our TDA billets are PROFIS so that both TOE and TDA Psychologists can expect a high likelihood of deployment during the course of their assignment. Personal medical readiness, military Common Task Training, and professional proficiency are now more important than ever to ensure we are deployment ready, often times with short notice.

Looking ahead, the bi-annual AMEDD Behavioral Science Short Course will be held the week of 8 August 2005 in Louisville, KY in conjunction with the USACHPPM sponsored Force Health Protection Conference. Look for more information soon about the call for papers and attendee registration.



The 1385 Combat Stress Control Team.



The HELP 4 Creator Team, from l - r MAJ Glaus, CPT Greenlinger and Webmaster, SFC McLeod.

The 31st Combat Support Hospital Behavioral Health Team.



The 785 Combat Stress Control Team.



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67E - Pharmacy

67E - Pharmacy



COL Michael Heath
Consultant

Simply stated, Army Pharmacists (Active and Reserve) have done truly extraordinary things in serving their Nation during these past twelve months. With the primary focus continued to be on the Soldier on point, Army Pharmacists have led by example at home and abroad ensuring appropriate and safe drug therapy to America's finest, thus ensuring our Soldiers are a healthy and medically fit force. MAJ Billy Starnes, who leads by example and is currently deployed with the 67th CSH will have been deployed 18 of the past 24 months. This extraordinary Army Pharmacy Officer epitomizes selfless service and the Army Values. MAJ Starnes truly exemplifies the proud traditions and excellence of Army Pharmacy that date back to 1777 and the Revolutionary War and the Army's first Apothecary General, Andrew Craigie.

Supporting Transforming Army Missions:

Over 35 active duty and over 81 reserve Army Pharmacy Officers have deployed to OIF/OEF or been mobilized as backfill from 1 January 2002 through 31 August 2004. Most recently, LTC Marc Caouette was selected to deploy to Iraq as the senior pharmacist in theater and the Multi National Corps Iraq (MNC-I) pharmacy consultant. In this capacity, he has ensured appropriate and safe drug therapy to our deployed Soldiers, other service members, coalition forces, civilians, host nation personnel, and others each and every day. This is the first time ever that Army Pharmacy has placed a senior Pharmacy Officer at the Multinational

Corps Headquarters in Iraq to champion pharmaceutical care, appropriate medication use standards, quality pharmacy support, and represent the needs of our deployed pharmacy personnel. He has undertaken numerous projects to include coordination and assistance with deployed units and CONUS based medical treatment facilities (MTFs) to ensure maintenance medications are supplied to our deployed personnel, established a Theater Pharmacy & Therapeutics Committee, established a training program to ensure consistent, standardized pharmacy support across the theater, developed and executed a number of medication use, control and accountability policies to enhance patient safety, and curtailed drug diversion. Additionally, during the past year extraordinary Army Pharmacists like MAJ Paula Doulaveris, who served as the senior pharmacist assigned to the United States Army Medical Materiel Center- South West Asia (USAMMC-SWA), have ensured the uninterrupted supply and quality control of thousands of pharmaceuticals for our deployed medics and Soldiers. She was supported from Germany by Army Pharmacist MAJ Jorge Carrillo at the United States Army Medical Materiel Center Europe (USAMMCE), who was instrumental in the creation of the center's Clinical Support Advisory Division (CSAD). The main objective of the CSAD is to develop systematic processes and procedures that provide clinical analysis to ensure availability of over 10,500 stocked medical material line items in excess



MAJ Paula Doulaveris receiving the Bronze Star Medal for her service USAMMCE-SWA.



MAJ Starnes and Pharmacy NCOIC in the 67th Combat Support Hospital Pharmacy.

sales of \$200 million per year. The CSAD consists of a Pharmacy Officer, Pharmacy Technician (Navy), Clinical Registered Nurse, Laboratory Technician, Dental Technician, and a Medical Logistics Technician. Some of the recent accomplishments of the CSAD include improved sources of supply of medical material, increased availability of material, and implemented cost-saving substitutions that will result in over \$20 million of potential annual savings to our customers. USAMMCE services over 1,600 tri-service US European Command units, US Central Command forces in Southwest Asia, and State Department embassies. MAJ Doulaveris was replaced during the summer of 2004 by CPT Alvin Blackmon, who will continue to provide pharmacist leadership in the critical area of Class VIII pharmaceutical supply. COL Kent Maneval, who heads the Pharmaceutical Division at the Joint Readiness Clinical Advisory Board (JRCAB), Fort Detrick, MD, continued to provide effective leadership in updating the joint deployment formulary and working closely with MAJ Patrick Garman and CPT Mark Maneval of USAMMA to update sets, kits and outfits (unit assemblages or UA's) and link make, model, and specific part numbers with national stock numbers (NSN's). These included updates to (level I and II care) FST, Air and Ground Ambulances, Trauma, Sick Call, Patient Hold, and Surgical Instrument and Supply Sets. They also updated

certain specialty sets that included humanitarian assistance, pediatric push packages, and burn sets. The Clinical Support Division of USAMMA bridged communications between USAMMA, the JRCAB, and the combat developer (Directorate of Combat Development and Doctrine) by establishing an inclusive review process.

Our Reserve Pharmacy Officers must be singled out for their sustained support to America's Global War on Terrorism as evidenced by the untiring support and leadership provided by COL Richard Lakes, USA Reserve Pharmacy Consultant. Since Jan 1, 2002, 76 different Reserve Pharmacy Officers have been mobilized or deployed in support of OEF/OIF. Five officers have been mobilized or deployed on two separate occasions. Through 31 Aug 04, these officers have served a total of 19,499 days of active duty service for Army Pharmacy. Of the 81 total mobilizations in this number, 40 have deployed to a theater of operations.

Recruitment and Retention:

2004 has been a banner recruitment year for Army Pharmacy with the accession of 22 new Army Pharmacy Officers to active duty. This accomplishment can largely be attributed to the opportunities provided by the Health Profession Loan Repayment Program (HPLRP), which provides up to \$117,000 in loan repayment for qualifying pharmacy degree loans. Additionally, a new accession bonus of \$30,000, special pay, and retention bonuses, have all contributed to another successful year in Army Pharmacy and the recruiting and maintaining of a quality medical force.

National Contributions:

COL John Grabenstein, Deputy Director of the DoD Military Vaccine program (DoD MILVAX), coordinated worldwide implementation and safety surveillance for the DoD Anthrax and Smallpox Vaccination Programs, which have vaccinated

more than 1.2 million and 630,000 individuals respectively on five continents and on dozens of ships at sea. COL Grabenstein served as the principal DoD collaborator with vaccine safety surveillance efforts at the Centers for Disease Control and Prevention and the Food and Drug Administration. COL Grabenstein also received the Andrew Cragie Award at the 2004 AMSUS Convention.

COL Jerry Pierson became the Commander of the United States Army Medical Materiel Development Activity, which is responsible for the development of pharmaceutical and other medical products that impact the sustainment of a medically protected force.

LTC Jasper Watkins, Deputy Pharmacy Program Manager led a DoD Patient Safety integrated process action team focused on inpatient bar code technology integration to prevent medication errors. Additionally, LTC Watkins provided leadership that resulted in the AMEDD implementing an AMEDD Strategic Pharmacy Automation Plan that spent \$6 million of an estimated \$22 million on improved pharmacy automation in Army outpatient pharmacies.

COL Bill Davies completed his tenure as the Director of DoD Pharmacy Programs at the TRICARE Management Activity providing extraordinary leadership during sustained periods of unprecedented positive changes to the five billion dollar annual DoD pharmacy benefit that, in turn, provides a uniform, consistent, clinically appropriate, and cost effective benefit to the over nine million eligible DoD beneficiaries worldwide.

LTC Don Degroff provided exceptional leadership as the contracting officer representative (COR) for the TRICARE Mail Order Pharmacy (TMOP) Program. Additionally, LTC Degroff was instrumental in coordinating support that ensured the success of the chronic medication process for our deployed Soldiers. Key in this process was the Pre-deployment Medication Analysis and Reporting Tool (P-MART) developed at the Pharmaco Economic Center,

which has been successful in identifying potential drug therapy problems and medications required to support deploying Soldiers. The tool searches the PDTS (spell out) outpatient prescription files to identify potential therapeutic interventions and provides information to assist in developing a medication contingency plan prior to Soldiers leaving for deployment. Since its inception, the tool has been used to screen over 1.8 million patient-months of data for 185,000 service members. Results indicate that approximately 10 -15 % of all deployed Soldiers are taking at least one medication for a chronic medical condition.

LTC John Spain was selected as the third Army pharmacist to be assigned as a senior career manager in the Medical Service Corps Branch of the Army's Human Resources Command. LTC Spain is responsible for the career management of over 500 MSC Allied Science Officers.

Regional Medical Command Contributions:

Under the leadership of LTC Cesar Mont, 18th MEDCOM Pharmacy Consultant, the 121 General Hospital implemented the Pyxis drug distribution system. Army Pharmacists assigned to Korea participated in the Soldier Readiness Processing (SRP) of the first Division assets assigned outside of "the peninsula" since the signing of the Armistice, which screened over 4,000 troops and filled over 500 prescriptions. Army Pharmacists participated in both major exercises in the peninsula (Ulchi Focus Lens and Reception, Staging, Onward Movement, and Integration). MAJ Chris King, 16th Medical Logistics Battalion, worked tirelessly in the deployment of the Total Customer Assistance Module (TCAM) medical logistics information system throughout the peninsula. Army Pharmacy Officers from Tripler Army Medical Center (TAMC) launched innovative clinical pharmacy services to ensure the medical readiness of over 12,000 soldiers from the 25th Infantry Division (Light) at Schofield Barracks and several Reserve and National Guard units from throughout

the Pacific Rim deploying to Iraq and Afghanistan.

LTC Curtis Hansen and his Tripler team of pharmacy officers, CPT Charlene Warren-Davis, CPT Christopher Graham, CPT Dixie Bray, CPT Jeffrey Schnoor, and CPT Lisa Tang, fully integrated into the medical soldier readiness program as front-line clinicians focusing on the complete management of deployment medication issues. All credentialed providers, these pharmacy officers interviewed each Soldier on an individual basis to thoroughly assess their chronic drug therapy needs and to screen for deployment-related medication issues such as unique monitoring, administration, storage requirements, and re-supply obstacles. In fact, LTC Hansen and his crew ended up prescribing the majority of deployment prescriptions for these Soldiers, thereby alleviating a huge burden from other SRP and medical treatment facility (MTF) providers. Additionally, the pharmacy officers from TAMC managed the malaria chemoprophylaxis requirements for deploying soldiers. This included selecting and dispensing chemoprophylaxis agents on a Soldier-specific level following evaluation of factors such as contraindications to individual agents, medical history, drug interactions, and flight status. Individualized Soldier education regarding all medication issues was a critical focus of their service.

The Western Regional Medical Command led by COL George Dydek at Madigan Army Medical Center (MAMC) piloted the first ever refill push program into a theater of operations ensuring appropriate pharmaceutical care for deployed Soldiers. In support of Operation Iraqi Freedom, the MAMC Pharmacy pushed approximately 1000 medication refills into Iraq for Soldiers assigned to the 3rd Stryker Brigade and the Washington National Guard 81st Armor Brigade. After identifying issues with Soldiers on medications deploying in theater, a plan was developed to get the right medication to the right Soldier. COL George Dydek, working closely with the OTSG, developed a solution to the

problem by identifying three key components needed to provide support. First, during pre-deployment, all Soldiers would be screened for chronic medication use through a process involving the Corps Surgeon and Chief, Department of Pharmacy. Once Soldiers on chronic medications had been screened, a review process was set up to look for potential medication filling problems and health risks associated with specific Soldiers deploying on medications. Second, during deployment, all Soldiers identified as being on chronic medications were given a 180 day supply with one refill



COL George Dydek and the resupply for Operation Iraqi Refill

to expedite the mid-deployment refill process. Third, during mid-deployment, all Soldiers on chronic medications had their profiles reevaluated for any changes. All Soldier's prescriptions with chronic medications were systematically refilled, packed, and addressed directly to the units they were serving in. Finally, the medications were sent out using a commercial carrier resulting in clear and decisive care to all deployed Soldiers leaving Fort Lewis, WA. The results were phenomenal and were applauded by the deployed Brigade Surgeon and medical support personnel in Iraq. Pharmacy officers assigned to the MAMC Pharmacy additionally supported Medical Hold Soldiers assigned here for follow-on care. In support of a sharing agreement between MAMC and the Veterans Administration, MAMC pharmacy provides pharmaceutical support to hospitalized patients.

Individual accomplishments within MAMC included the Board Certification in Oncology Pharmacy by MAJ Rick Rutledge, placing him in an elite group of about 400 pharmacists nationwide. CPT Paul Kassebaum will graduate with a residency from MAMC in Dec 2004. MAJ Ward Nelson, USAR, joined the pharmacy; he is a public official serving as a City Councilman. On 27 July 2004, the MAMC Pharmacy team was presented with the "One Team Award" for excellence in customer service. This is the first time in recent history that an entire hospital department (not an individual) was given this award. Our Pharmacy officers served as the Medical Activity (MEDDAC) subject matter experts for the 2004 Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Medication Management standards, which set a strong example for the entire Army Medical Department (AMEDD) to follow. The surveyors found the pharmacy to be 100% compliant with all standards assessed. CPT Dan Raboin and CPT Larry Ricks, Fort Irwin, CA, participated in the medical SRP of numerous units and individual Soldiers deploying in support of OIF and OEF. They developed a process that integrated the pharmacy into the SRP process, ensuring that 100% of all deploying Soldiers had all required medications.

International Contributions:

COL Dan Remund and MAJ John Howe along with active duty and civilian pharmacists from DoD deployed on separate joint Iraq nation building initiatives into Iraq with the purposes of rebuilding the healthcare infrastructure in that country. Specific focus of their initiatives was to assess, educate, and lay out the basic fabric for a national drug formulary process and to recommend, develop, and implement improvements to the Iraq national drug distribution system that improved the integrity of the pharmaceutical supply chain.

Training for Success:

During the past twelve months several Army Pharmacists completed

advanced training in the areas of pharmacoeconomics as evidenced by MAJ Brett Kelly's completion of a Master's degree from the University of Texas, which he will utilize at the DoD level in his assignment as Director, Data Division, DoD Pharmacoeconomic Center at Fort Sam Houston, Texas. The first ever deployed pharmacy officer training program was implemented as a joint venture between the AMEDD Center and School (C&S), Pharmacy Branch, and the Region Training Site Medsite Program at Fort Gordon, Georgia. LTC Marc Caouette, MNC-I Pharmacy Consultant; LTC Jennifer Styles, Chief of the AMEDD C&S Pharmacy Branch; and COL Richard Lake, Army Reserve Pharmacy Consultant, in collaboration with the AMEDD medical logistics community developed and implemented this one day "train the trainer" program that both active and reserve pharmacy officers are exposed to and trained on the essential mission critical elements that will ensure successful performance during deployments.

Junior Officers:

CPT Elaine Young served as the Army Pharmacy Junior Officer Council President and MAJ Travis Watson continued to serve as the Senior Advisor to the Junior Officer Council. CPT Kevin Ridderhoff completed the first year of the Baylor Master's in Health Care Administration program and is currently completing his 2nd year residency at Landstuhl Regional Medical Center. CPT Jeff Neigh was elected as the President of the Junior Officer Council for 2004-2005 and was subsequently selected to attend the Army Pharmacy Practice one year residency training program at Brooke Army Medical Center. CPT Charlene Warren-Davis was selected as the 2003 Army Pharmacy Junior Officer of the year. CPT Andrew Pike, who is currently assigned to the 212th MASH, participated in the D-Day 60th year anniversary in Normandy, France. He served as chief of all ancillary services (Pharmacy, Lab, X-Ray) and was appointed officer in charge

of the cemetery medical coverage. As a result of CPT Pike's leadership, his Soldiers performed magnificently.

The Future:

Army Pharmacists prove their significant relevance and value to the Army and our Soldiers on point every day. Army Pharmacists will continue to serve in a wide variety of traditional as well as emerging roles and responsibilities. Army Pharmacists will continue to serve selflessly and



compassionately as critical professional specialists who are sought out as vital to the Medical Service Corps, the Army Medical Department, and the Army. The demonstrated traditions of excellence that are core to Army Pharmacy dating back to the founding days of our Nation will continue, and Army Pharmacists will provide exceptional leadership on point for our Soldiers and the entire Army family in effectively managing appropriate, safe, and cost effective drug therapy.



CPT Charlene Warren-Davis was featured in a Pharmacy Times article highlighting the life of a military Pharmacist. This positive article could potentially affect recruitment efforts.



BG Baxter honoring COL Mike Heath for his dedicated service to the Army, the MSC, and Army Pharmacy.



COL Mike Heath admiring one of the beautiful mementos he received at this year's Pharmacy Conference as he prepares for his upcoming retirement.



LTC Jasper Watkins is highlighted in the 2005 Aetna Calendar "The Year of the Pharmacist." The calendar pays tribute to the struggles, successes and educational achievements of African American pharmacists, and proudly salutes some of the most dynamic African American pharmacy professionals in the country today. <http://www.aetna.com/diversity/aahcalendar/2005/julprofile.html>

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67F - Optometry

67F - Optometry



COL George Adams
Consultant

Army Optometrists are the primary eye and vision care providers on the Army Healthcare Team. As of 1 October 2004, we have 127 optometrists on active duty with 133 authorizations. To date, Army Optometry has deployed 34 officers into the combat zone in support of the Global War on Terrorism to include eight Reserve officers. During this time, we have also deployed five officers to Kosovo and Bosnia to include four Reserve officers. Additionally, we have 28 General Service and Contract optometrists working in Army Healthcare facilities. Army Optometrists are located at 77 different sites in 10 countries including Afghanistan, Kuwait and Iraq. Fifty of those sites are optometry only, not co-located with ophthalmology.

Challenges

The Global War on Terrorism continues to bring challenges to the Army and has required the support of Army Optometrists around the world and in two major theaters of operation. Army Optometry's contribution to the overall success of



MAJ Donovan Green examining a patient in Afghanistan.

Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) is impressive and invaluable. The primary mission of Army Optometry is to ensure the vision and optical readiness of these Soldiers. Deployed optometrists are providing critical emergency eye care including the diagnosis and treatment of eye injuries and ocular disease. Thousands of comprehensive vision examinations have been given to Soldiers to update eyeglass prescriptions and replace broken optical devices or badly scratched lenses. In addition to eye care, far forward deployed optometry units possess optical fabrication capabilities. This service ensures the rapid fabrication, replacement, and repair of optical devices for our Soldiers. Optical fabrication is performed under extreme and austere conditions with turnaround times of less than 24 hours. It is a proven and effective force multiplier. The consensus among our deployed optometrists is that there is absolutely no way outsourced optical fabrication could provide the rapid turnaround required in an operational/ combat environment. During the past year, the following optometrists have deployed in support of OIF/ OEF: LTC Jeff Peters, MAJ Jeff Cleland, MAJ Pat Connelly, MAJ Bruce Flint, MAJ Joe Harkins, MAJ Germaine Oliver, MAJ Donovan Green, MAJ Dex Peters, MAJ James Robinson, MAJ Jeff Tipton, MAJ Thomas Urosevich, CPT Matt Allen, CPT Jennifer Filiatreau, CPT Doug Gray, CPT Andy Gregory, CPT Jason Hales, CPT David Meltzer, CPT Jason Moyer, CPT Tony Patterson, CPT Bill Reynolds, CPT Frank Siringo, CPT Eric Spotts, and CPT Jana Williams. The following optometrists have deployed to Kosovo and Bosnia: COL Joe Maranto, CPT Glenn Kallevig, CPT Evan Lloyd, and CPT Joe Rogalinski. Officer Distribution Plan guidelines for 2004 were met by staffing 103% of OCONUS and TOE requirements. Increased coordination with US Army

Recruiting Command and recruiting visits to Schools and Colleges of Optometry along with the implementation of effective recruiting tools have paid off in accessing optometrists this fiscal year. The Optometry Retention Bonus became effective on 1 October 2001 and is ongoing. Training starts this year included 14 Optometry students selected for the Health Professions Scholarship Program (HPSP), two two-year MBA/Residency starts, and two one-year Residency start.

Achievements

Fully one third of Army Optometrists are Fellows of the American Academy of Optometry and Board Certified, while only 10% of civilian optometrists become Fellows. New Fellows of the Academy in the year 2004 include COL Mike Kaminski, MAJ Jose Capo-Aponte, MAJ Haby Ramirez, MAJ Chris Rockwell, CPT Andy Gregory, CPT Jennifer Ramey, and CPT Ken Wells. Congratulations to all of these fine officers.

Congratulations to MAJ Scott Melling and CPT Terryl Aitken who graduated in June 2004 from the residencies at Brook Army Medical Center (BAMC) and West Point, respectively. Dr. Melling was reassigned to the 4th Armored Division in Hanau, Germany, and Dr. Aitken attended the Officer Basic Course in route to Supreme Headquarters Allied Powers Europe (SHAPE), Belgium.

MAJ Scott Melling also won the Resident Travel Fellowship Award and presented an educational poster in April 2004 at the American Academy



CPT(P) Jose Capo-Aponte and MAJ Haby Ramirez at the Award of Excellence Luncheon.

MAJ Bruce Flint examining a young patient in Afghanistan.



of Optometry Global-Pacific Rim Meeting in Honolulu, HI. CPT Jose Capo-Aponte received the Medical Service Corps Award of Excellence in Health Sciences this year and attended Junior Officer Week in the National Capital Region the week of 24 - 29 April 2004. Congratulations to Dr. Capo-Aponte on this tremendous honor. COL Mike Kaminski, LTC TJ Lantz, and LTC Corina van de Pol were awarded the Order of Military Medical Merit in 2004. These officers have contributed immeasurably to Army Optometry's mission. Dr. Kaminski is the Chief of Optometry at BAMC, Fort Sam Houston, TX; Dr. Lantz is the Program Director, Eye Specialist Course, Army Medical Department Center and School, Fort Sam Houston, TX; and Dr. van de Pol recently moved from her position as Research Optometrist, US Army Aviation Research Laboratory to Director of Research, Refractive Surgery Center, US Naval Medical Center, San Diego, CA. LTC van de Pol was also awarded the Military Outstanding Volunteer Service Medal on 18 December 2003, for her



MAJ Charlie Coe at the Wavefront Congress.

participation in the Lion's Club vision program since 1990.

LTC Neil Glenesk and LTC Don McDuffie were awarded the "A" Proficiency Designator in 2004. LTC Glenesk is the Chief of Optometry at Evans Army Community Hospital, Fort Carson, CO; and LTC McDuffie recently moved from being the Consultant, 18th Medical Command, Korea to Chief of Optometry at Moncrief Army Community Hospital, Fort Jackson, SC.

MAJ Charlie Coe received an award for presenting the best scientific poster at The Wavefront Congress, a meeting totally devoted to Wavefront Aberrometry. Wavefront Aberrometry is a technique for measuring all of our optical aberrations and is the basis for Custom Ablations in refractive surgery. This is a tremendous accomplishment and is testament to the long hours and hard work Dr. Coe is putting into his PhD program at Indiana University. Charley will graduate in 2005, and his utilization tour will be at the Refractive Surgery Center, Walter Reed Army Medical Center, Washington, DC.

MAJ Linda Knapp Glisson graduated from the Western Hemisphere Institute for Security (WHINSEC) on 4 June 2004. WHINSEC is the equivalent of Command and General Staff College and is taught entirely in Spanish. MAJ Glisson had been selected to attend Command and General Staff College in residence at Fort Leavenworth; however, she interviewed in Spanish and was accepted to attend WHINSEC, the first Medical Service Corps officer and optometrist to attend. She achieved a 94% average throughout the year-long course of study, a tremendous accomplishment. Her follow-on assignment at Army and Air Force Exchange Service Headquarters in Dallas, TX.

LTC Corina van de Pol received the bronze medal of the Order of Saint Michael on 7 June 04. This award is very prestigious and usually only awarded to Army Aviators by the Army Aviation Association of America for exceptional contributions to Army Aviation. The presentation was made by the Commander of the Aviation Training Brigade. In his presentation,

he praised her research program in refractive surgery, which has increased the pool of aviation candidates and thus improved the caliber of future pilots.

The Armed Forces Optometric Society (AFOS) held their annual meeting in Atlanta 17 - 22 February. COL Fran McVeigh was elected President-Elect of AFOS, and LTC TJ Lantz and MAJ Donovan Green will continue to serve on the Executive Council.

COL Bill Urosevich completed his last annual training as the Reserve Optometry Consultant on 30 July 2004. Dr. Urosevich has served in this capacity for seven years and has done an absolutely stellar job. His knowledge of the Army and Reserve Optometry proved to be invaluable to me and all of our Reserve Component officers. He has been replaced by LTC Jeffrey Weaver.

Reference Website

<http://chppm-www.apgea.army.mil/doem/vision/Army/>



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67G - Podiatry

67G - Podiatry



LTC Patrick Sesto
Consultant

The past year was one of challenge and change for the Army Podiatrist. After a three year struggle, AR 40-66 and 68 were finally published and implemented in March 2004. These regulations allow the Army Podiatrist to perform a medical history and physical for American Society of Anesthesiologist Type 1 and 2 patients. Further, they highlight the significant training and expertise Podiatrists have to offer. Also, with MAJ Rex Berggren's guidance and oversight, we have established a new career progression plan for Podiatrists. This plan brings together the many changes that we are implementing and will give our officers direction in their career planning. There have also been changes in Surgical Podiatrist training. As of November 2004, a new three year surgical training program will commence. The program's first resident, CPT Miguel Rodriguez, will complete his first year of training at Eisenhower Army Medical Center, Fort Gordon, GA. Following his initial training, he will move to Fort Bragg to complete his training. The program will be overseen by Dr. William Healey, Department of the Army Civilian and the Podiatry Consultant to ensure the integrity and continuity of the training. Dr. Healey has an irrefutable record as a mentor and teacher. We are very privileged and proud to have him as part of our team. The position at Eisenhower will be that of "On Site Coordinator" and will encompass working closely with Dr. Healey to

assure that we have one of the top training programs in the country. The program will be reviewed by the Residency Review Committee under the direction of the Council of Podiatric Medical Education at the end of September. We anticipate that they will approve the merger and foresee establishing an agreement with one of the top civilian programs in the Nation located in Georgia. Once established, we will rotate our residents through the program in Georgia and the residents through ours at Fort Bragg. We expect this merger along with our efforts to continually develop our Podiatry training programs will result in this program being recognized as one of the top in the country within the next five years. The position at Eisenhower as On Site Coordinator will afford an active duty Podiatrist to develop new skills as while running a program. Further, it will be part of their career progression. We have already integrated two of our current residents at Eisenhower into the new program and after their completion of the first two years will complete the last year of their training at Fort Bragg. Following this model, we expect by 2010 that all Army Surgical Podiatrists will have received three-years of surgical training and are board certified in Foot/Ankle/Reconstructive surgery. Other policy changes, or working policy changes, are changes to DA PAM 611-21 and DA PAM 600-4 that will require the training and skill level standards of civilian hire and direct accession to be the same as active duty Podiatrist. These changes will help standardize the quality of podiatric care and ensure appropriate standards of podiatric care. Similarly, US Army Recruiting Command now has established qualification guidelines for recruiting Podiatrists. As a result, we expect these changes will ensure the highest standards of care and

treatment for our Soldiers and beneficiaries.

Again this year, one of our members has been deployed with the 115th Field Hospital. MAJ Bill Rediske answered the task to once again deploy in support of OIF. As MAJ Rediske goes back into harms way, our prayers go out to him and his family as well to all Service men and women serving in harms way. This past year has also brought to many of us the realization that we are at war. Many of you have put in the extra time with great sacrifice and selfless service to take care of our Soldiers. Those of you assigned to the hospitals in Germany, Fort Stewart, Fort Bragg, and Fort Benning have taken on the extra load with exceptional care and compassion. I know it is with pride and honor that you all take on these additional requirements to help those in need. Thus, I would like to take this time to thank each and every one of you for doing your best to take care of our Soldiers. It is an honor for me to be a part of such a great group of professionals. Keep up the great work, stay focused, and be proud of the job that you are doing.

We also made inroads with our civilian counterparts over the past year. During the Podiatry Institute of Americas seminar in April, three Army Podiatrists provided very informative lectures. MAJ Bill Rediske, LTC Michael Neary, and MAJ Jacqueline Chen were all very well received by the audiences they presented to during the seminar. In fact, they were asked to return next year to present again. Also during the seminar, our officers had the opportunity to meet with COL Dave Burns, Deputy Chief, MSC and MAJ Berggren, MSC Branch, Human Resources Command, to discuss ongoing MSC leadership initiatives and career planning. A special treat was the opportunity to "farewell" and "roast" LTC Jeff Zimmerman, the

outgoing Podiatry Consultant. I am sure it was a night he will always remember and it was a fitting way to thank him for his many contributions to Army Podiatry. I invite to make plans now to join us at the next Podiatry Institute seminar in 2006. Congratulations goes out to two of our Podiatrists, CPT Michael Kooyman and MAJ John Cloninger, who successfully passed part one of their surgical boards for foot and ankle. They endured an intense written exam given over a full day and are now in the process of collecting clinical cases for submission and review. Once their cases are accepted, they will have the opportunity to complete the oral portion of their surgical boards. Though a very intense and

challenging time in their careers, I know that they will succeed and soon be counted among the best in the field of Surgical Podiatry. Undoubtedly, Army Podiatry has a bright future. As of this writing, we are in the process of meeting with an Integrated Concept Team to develop a "go to war" mission essential task list for our AOC. The intent of developing this list is to establish validated requirements for Podiatrists in TOE units such as Combat Support Hospitals. As recently evidenced by so many of our officers in support of the Global War on Terrorism, Podiatrists have extensive surgical skills, knowledge, and abilities to contribute to the AMEDD and those we humbly serve. Thus, I believe

that we are on the forefront of significant changes that will recognize the capabilities that Army Podiatric Surgeons bring to the AMEDD and our transforming Army at war. We are also in the process of submitting an information paper to look into increasing the TDA slots at strategic facilities throughout CONUS and OCONUS. And on the grand scale we finally got a 06 slot! LTC(P) Jeffrey Zimmerman was picked up for Colonel this past board. This is a giant step for the AOC and for the Podiatry profession. 2004 was a great year for us and I'm looking forward to many more positive years for the AOC in the years to come.



Chief of Staff of the Army, GEN Peter Schoomaker and MAJ Bill Rediske.



L-R, Dr. Healy, COL Hoffman, MAJ Raja and CPT Srey graduating from the Surgical Podiatry Program at Fort Bragg, North Carolina.



Incoming Consultant, LTC Patrick Sesto and Outgoing Consultant, LTC Jeff Zimmerman at the Podiatry Conference.



MAJ Rediske's sparse living conditions with the 115th Field Hospital.

Silver Caduceus Society

The Silver Caduceus Society (SCS) was formed in 1967 by the Medical Service Corps officers assigned to the U.S. Eight Army in Korea. Since then various chapters have been established on installations throughout the world. BG Baxter has charged senior MSCs at all installations to establish SCSs. The chapters will further support our Corps' Priorities of Leader Development, Communication and Integration. These organizations provide an excellent opportunity to conduct personal and professional development programs and provide social interaction between senior and junior Medical

Service Corps officers. They also offer an abundant opportunity for the informal exchange of information, experiences, and advice between TOE, TDA and RC officers. In several cases, these organizations have even become community service-oriented, supporting various programs in their local areas. This year eight local chapters of the SCS submitted their achievements for the past year. These achievements are a testament to the dedication of the Chapter leadership and to the members who participate in the SCS activities. There are new Chapters opening up every week! To establish a SCS on your

installation, please visit the Medical Service Corps website (see link below) for a draft Constitution and Bylaws document. Additionally, the Office of the Chief, MSC has "seed" money available for those installations who need assistance for meetings/Staff Rides/projects, etc. Guidelines are being developed to outline application requirements. Please check the MSC website for these guidelines coming in the near future. If you have additional questions, please contact the Office of the Chief, Medical Service Corps at (703)681-8291/3045 or (210)221-8531.

Reference Website: https://medicalservicecorps.amedd.army.mil/msc_programs/silver_caduceus.htm

Fort Sam Houston



BG Baxter and FSH SCS President COL Roy Mundy

The FSH Silver Caduceus Society Inaugural Luncheon was held on 15 Dec 04. This initial meeting was a great start as over 175 people attended. BG Baxter gave a great presentation focusing on the MSC. After the presentation, COL Mundy, FSH SCS President, introduced the SCS, its purposes, leadership, and initial goals. After the conclusion, many people approached BG Baxter for a simple hello, a picture, or to ask a question. We look forward to many more exciting events in 2005!



BG Baxter and FSH SCS leadership.

Republic of Korea

The ROK SCS remained a vibrant and educational organization in 2004! During the first meeting of the year sponsored by the 52nd Medical Evacuation Battalion (MEB), COL Douglas Hewitt, President of the SCS, provided a welcome and introduced the key leaders in each AOC for junior officer networking. This was followed by an introduction by the VP of SCS, LTC Mary Garr, where she described



the SCS function and lifetime membership. The 74 members in attendance were provided a variety of presentations and the day ended with a No Host Social at Whispers in the Dragon Hill Lodge. During the second meeting of the year, hosted by 18th MEDCOM and attended by over 80 participants, were visited by the Deputy Chief, MSC, Chief, MSC Branch, Human Resource Command and several Career Managers as well as the Medical Operations, Logistics and Health Services Maintenance Technician Consultants. We received a variety of briefings as well as having the opportunity to meet with our Career Managers. A No Host Social followed.

For the third meeting we participated in a Joint Security Area/Demilitarized Zone Tour which included a Tunnel Tour. This event was hosted by the 52nd MEB. The fourth meeting was hosted by the 16th Medical Logistics Battalion and we learned about the military actions that took place at Hill 303 in Waegwan during the Korean War. We have a robust schedule for 2005 and look forward to the mentoring and camaraderie that will occur.



Fort Lewis

With the challenge of working around the steady stream of unit and individual deployments of MSC officers every installation in the Army is experiencing, the Ft Lewis Silver Caduceus Society focused its efforts in 2004 on providing a wide variety of social, professional, and outreach events to appeal to whichever group of MSC officers was "back home" at any given time. Professional development presentations included an AAR of the CHPPM Epidemiological Consultation (EPICON) sent to Iraq to investigate the outbreaks of pneumonia, a presentation by the I Corps Surgeon on strategic-level planning, and an

OPD on Promotion Boards. The Ft Lewis SCS also provided opportunities to get together away from the workplace with a tour of a local winery and microbrewery, a tailgater at a Tacoma Rainiers minor league baseball game, our annual MSC Birthday picnic, a round of golf at McChord Air Force Base, and a Christmas tree decorating party at the home of COL Julie Martin, the SCS President. We also served as a POC for members who wished to volunteer at the Washington State Special Olympics Summer and Winter Tournaments. As the challenges of supporting the Global War on

Terrorism continue in both the TO&E and TDA organizations, the Silver Caduceus Society will also continue to provide education, mentorship, networking, and camaraderie to all Active and Reserve Component MSCs in the Ft Lewis community.



LTC Leon Robert discussing the CHPPM EPICON.

We have an exceptional group of leaders supporting and participating in the Heidelberg Silver Caduceus



Heidelberg

Society. We've had three meetings with our current organization. The first was a history of the AMEDD presented by LTC Judy Robinson. That was followed by a speed mentoring discussion facilitated by COL Rubenstein. The topic of our third meeting was personal financial

planning presented by LTC Jeff Foe and LTC Rolando Castro. The aim of our meetings is to provide topics with applicability to all ranks and AOCs. Based on our continued attendance and support I believe we are meeting our intent.

In late summer 2004, a small group of Medical Service Corps Officers in the Kaiserslautern Military Community (KMC) began working to reinvigorate the Rhineland-Pfalz Chapter of the Silver Caduceus Society. In September 2004, CPT Kevin Ridderhoff sent out a survey to MCS Officers in the KMC to see what people wanted out of the SCS. This allowed the society to be tailored more effectively to the needs of MSCs in our area. In October 2004, we conducted email voting to elect the SCS officers for FY2005. They are CPT Christopher Mayhugh, President; CPT Michelle Colacicco, Vice-President; CPT Scott Coleman, Secretary; and MAJ Jeff Roberts, Treasurer.

On 4 November 2004, the chapter held its first meeting in almost two years. The evening featured three presentations which focused on the diverse experiences of MSCs deployed to OIF1. LTC Ron Krogh discussed his experiences as the S-3 of the 212th MASH; CPT Michelle Colacicco addressed her experiences

Rhineland-Pfalz

as the preventive medicine staff officer for CJTF-7; and 1LT Ben McGrann presented his experiences as a deployed medical platoon leader with the 1st Armored Division. Also in November 2004, the SCS started a monthly newsletter. Each month, a different MSC officer in the KMC writes the lead article. In November and December 2004, we had contributions from LTC(P) Jim Signiagio on "Medical Logistics in Iraq" and MAJ(P) Tom Delk on "The Special Medical Augmentation Response Team – Preventive Medicine (SMART-PM) in Europe." In addition to the lead article each month, we include MSC Branch information and other news relevant to our membership.

As we enter 2005, we will continue to work to build a better SCS in the KMC. We have articles lined up for the newsletter that will range widely from administrative areas, such as

human resources management, to the ancillary fields, such as optometry and laboratory sciences. We will continue to have quarterly meetings to bring MSCs together for mentorship and socialization, to include one meeting planned in conjunction with the Central European Healthcare Executives (CEHE) in which COL David Rubenstein will address challenges in the future of healthcare.



1LT Ben McGrann presenting lessons learned as a Med. Plt Ldr with 1AD in OIF1.

Fort Leonard Wood, Missouri



The Medical Service Corps officers, both past and present at Fort Leonard Wood spent the year doing various activities. We executed our annual MSC Brat Sales in true tradition. In December, the Silver Caduceus Society held a Basket Auction

which was very successful. All our efforts have gone to raising money for the Fort Leonard Wood Silver Caduceus Society Scholarship established two years ago. In 2004, the Society collected over \$2,000. As a result, in May 2004 we gave away two \$1,000 scholarships to Waynesville High School Seniors pursuing careers in Biology and Psychology. Additionally, the Medical Service Corps officers decided that we wanted to offer some community service and worked on the local Habitat for Humanity. For our annual staff ride, we decided to take a trip to one of the local caves. Missouri has the second largest number of caves in the country. We toured the Onondagas Cave. The Silver Caduceus Society has

already raised over \$3,000 this year and plans to give three scholarships in May 2005. The officers at Fort Leonard Wood magnificently represent the Medical Service Corps both on duty and off.



Fort Detrick

The Fort Detrick Silver Caduceus Society has found some great opportunities to engage in professional development as well as mentoring within the last year. In January we toured the Naval Hospital Ship Comfort. In April we visited the Gettysburg Battlefield where we spent the afternoon on a guided tour. Our guide came to us as an Army Historian and was able to provide some specific information on medical and logistical issues during the battle. In June, we had a picnic in honor of the Medical Service Corps Birthday. Major General Martinez-Lopez spoke about Army Values and their daily application to our lives in service as

Officers in the Army Medical Department. COL David Williams and CPT Ross Davidson were nominated to cut the cake representing the officers with the



most and least time in the Medical Service Corps. In July we cosponsored a Golf Tournament with the United States Army Garrison. This was a fun way to interact with each other as well as other individuals on the installation. COL Elias Nimmer presented an exceptional briefing in August on his experiences and mission within Iraq during his recent deployment. Most recently, Mr. John Lapam, Director PA&E, USAMMA/MRI presented a briefing in September on Army Transformation & Equipping the Force. In October, we will be learning about the Battle of Frederick.

Office of the Chief, Medical Service Corps



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The Office of the Chief, Medical Service Corps would like recognize the members below who were a very important part of the office through Jun 2004. Thank you!



COL David Burns
Former Deputy Chief, MSC



CPT Brian Bender
Former Special Assistant
to the Chief, MSC



CPT Amy King
Former Special Assistant
to the Chief, MSC

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Medical Service Corps Website: <http://medicalservicecorps.amedd.army.mil>